State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7772 Name of Building Owner/Operator (2) David Bruno Street Address 291 Beech St. City, State, Zip Code Teaneck, NJ 07666 Name of Contact Telephone Number David Bruno FACILITY INFORMATION Type of Facility (4)

School (K-12)
Subchapter 8 (Other than K-12)

Xi Other (i.e. private and commercial buildings, homes, etc.) Name of Facility Where Abatement is Taking Place (3) Square Feet # of Floors Bldg. Age

Teaneck		County Berge	200			unty Code (7) FATE USE ONLY)									
						T	residence								
Name of Monitoring Firm Hired by	y Building	g Owne	r	ASCM No.		Name of Abatem		A STATE OF THE PARTY OF THE PAR							
n/a							upiter En	vironmental S	services, In	C.					
Street Address						Street Address									
								gebridge Roa	d, Suite 10	)					
City, State, Zip Code						City, State, Zip C		k, NJ 07058							
Project Manager for Monitoring F	irm	Telep	hone	Number		Telephone Numb			License N	umbe	г				
						9	973-575-8	3700		0	08	52			
Scheduled Start Date (10)	Sched			Date (11)		Name of OSHA N	/lonitor	20 20 20							
3/21/15		3/3	1/15	i			J & S Env	rironmental La	aboratories	, LL	C				
Occupancy Status During Abatem					200	Street Address									
[] Facility Closed/Vacated						2	333 Rout	e 22 West							
[] Abatement Performed Ou Describe:	itside of	Normai	racii	ity Hours -	-	City, State, Zip C	ode								
[x] Other – Describe: partia	lly vacate	ed				l	Jnion, NJ	07083							
Scope of Work (Check all that app	oly)						50700								
[] Demolition				r 1	Renova	tion	[]	Full Containment Mini – Enclosure		Press	ure	Ř			
[x] ≥3 sf or ≥3 lf				[]	Kenova	ILION	[x] [x]	Glovebag Proced							
[] ≥160 sf or ≥260 lf							[]	Non - Friable Pro							
		USSET	Locat	V. C.		res s				Ab	ate	mer	nt		
Location of		53/2005000000000000000000000000000000000		Used			iption of		A t		ре	-	T -		
Asbestos – Containing			olely enan	ce/Cus			- Containing al (ACM)		Amount (Specify	R	R	E			
Material (ACM)		10 2000		ff (12)			nal systems		SF or LF)	M	P	C			
TO BE ABATED						insulation, surfacing, VAT,									
In Facility (13)		Yes	No	N/A		or other miscellaneous)									
(13)		165	INU	IN/A						A	K	S			
Basement			X		TSI				140 LF	X			-		
Name of Registered Waste Haule	ame of Registered Waste Hauler NJDEP Waste							Registered Landfill							
Jupiter Environmental Se		Ha	uler II 04782		Of	Waste 3		a Landfill							
City, State					Di	sposal Date	City, State	)							
Pine Brook, NJ					3/	3/27/15 Waynesburg, OH									
Completed By (Print or Type)		Title				Signature	7		Date						
Pane Repic General Manager						1	/	1	3/11/1	5					
AOD 444						12	_								
ASB-411															

Date of Notification (1)

Agencies Notified

[] EPA

[] DEP

[X] DOL

[] DCA

Residence Street Address 291 Beech St.

[X] DOH 3/11/15

[X]

Type of Notification

Notification

Notification

Initial

[] Emergency [] Amended

[] Cancellation

\* Do not use this form for asbestos licensure exempted activities.

Print Form

Date of Notification (1)           03/09/15         CK# 3537         \$200           Agenties Notified         Type Notification			Mont	clair Kl	ng Owner/ mberly A	Operator Acaden	NA.	Dept.pgf H	fealth & generado	Senio	or Sei	rvices	-
EPA Initial			201 \	Address Valley F	Road		Da	3/9	(signatur		1:1	2 PV	h
Amendmer	(including		Mont		ew Jerse	ey 070	42		piosi-	uno;			]
X DOH justification Cancellatio	)		Mark	of Conta Dombr	oski –	ř		Tele	n snorta	unibe	?r	<del> </del>	
Name of Facility Where Abatement is Taki Montclair Kimberly Academy	ng Place (	3)	FAC	ILITY IN	IFORMAT	ION	Type of Facility	/ (4)	******				_
Street Address 6 Lldyd Road City (\$)							School (K Subchapt Other (I.e etc.)	er 8 (Othe	r than K- commer	12) clal b	ulldin	s, ho	me
Moniciair, New Jersey 07042							Square Feet 10,000	# of 2	Floors	1	Bldg 55+	Age	
Essex			STATE	Code (7) USE ONL	, X)	_	Current Use (P School	rìor If bein	g demoli:	shed)			
Name of Monitoring Firm Hired by Building Detail Associates Inc. Street Address	Owner (8)	)	ASÇ	M No.		Lilich	of Abatement Co Corporation	ontractor (	9)				
300 Grandview Avenue City, State, Zip Code							Address VicBride Aver	iue	_				
Englewood, New Jersey 07631  rojac Manager for Monitoring Firm		~				City, Si	tate, Zip Code Iland Park, N	ew Jers	ey 074:	24			
Anthony Valentine Start Date (10)				69-670		Teleph	one No. 25-8400		License i				
03/14/15	Schedule 03/15/	15	npletion	Date (11	)	Name of	of OSHA Monito Invironmenta			-			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Cither - Describe:	Dariad as		nent			Street A	Address Route 22 We		101				
Abatament Performed Outside of Norm Other - Describe; cope of Work (Check All That Apply)	ial Facility	Hours			[	City, St. Union	ate, Zip Code I, New Jersey	/ 07083					
2 ≥3 sf or ≥3 lf 2 ≥60 sf or ≥260 lf		enova				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	ent with Ne					
Location of	N	Locati Iormali	ly					9 ( ) 4110 (	VOIT-1-11BL	T	Aba	temer ype	ıt
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility (13)	Mai	d Solei ntenar odial S (12)	nce/	Asbes (i.e	stos Conta , thermal s	ystems i na. VAT	iterial (ACM)	Amo (Spe SF a	cify	Remova	Repair	Encapsulate	Til October
2nd & 3rd Floor up to the roof	Yes	No	N/A							oval	air	sulate	
Zing & 3sd Floor up to the roof	X			Trans	site pip	99	12	LF	х				
											1	-	
ome of Registered Waste Hauler			DEP Wa		Cuble Ya			Registered					
y, State podland Park, New Jersey 07424	,*		724		1 Disposa		Oity, State						
mpleted by mo Glavatovic	Title					naturo	Morrisv		nsylvan I Dat				
Claratovio	Vice P	resid	ent			( -	Gila		100000000000000000000000000000000000000	09/1	5		



Agencies Notified    Street Address
Initial DEP
DOL   Amendment #   Name of Contact   Telephone Number   Telephone N
DOH   DCA
Street Address
Street Address   Subcapter 8 (Other than K-12)   Subchapter 8 (Other than K-12)   Other (i.e. private & commercial buildings, homes, etc.)   Supare Feet
Street Address  City (5)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  Brick, New Jersey 08723  Project Manager for Monitoring Firm  Telephone No.  Street Address  Telephone No.  Courpage (11)  Scheduled Completion Date (11)  Abatement Performed Outside of Normal Facility Hours  Other (Leck All That Apply)  2 3 sf or ≥3 lf  ≥160 of or ≥260 lf  Square Feet  # of Floors  Bldg. Age  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Square Feet  # of Floors  Bldg. Age  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Square Feet  # of Floors  Bldg. Age  Current Use (Prior if being demolished)  Square Feet  # of Floors  Bldg. Age  Current Use (Prior if being demolished)  Spick Industries Inc.  Street Address  P.O. Box 915  City, State, Zip Code  Brick, New Jersey 08723  Telephone No.  (732)899-7499  O1196  Street Address  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other — Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 lf  Pull Containment with Negative Pressure  Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Mon-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure
City (5)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Project Manager for Monitoring Firm  Telephone No.  City, State, Zip Code  Street Address  Project Manager for Monitoring Firm  Telephone No.  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Abatement Performed Outside of Normal Facility Hours  Other - Describe:  County Code (7)  (STATE USE ONLY)  Current Use (Prior if being demolished)  Street Address  P.O. Box 915  City, State, Zip Code  Brick, New Jersey 08723  Project Manager for Monitoring Firm  Telephone No.  (732)899-7499  O1196  Start Date (10)  Scheduled Completion Date (11)  Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check All That Apply)  23 sf or 23 lf  Enality Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovehag Procedure Non-Exempted (*) and Non-Friable Procedure
County (6)
County (6)
Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  Brick Industries Inc.  Street Address  P.O. Box 915  City, State, Zip Code  City, State, Zip Code  Brick, New Jersey 08723  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  (732)899-7499  Other Start Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitor  Street Address  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Abatement (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure
Brick Industries Inc.  Street Address P.O. Box 915  City, State, Zip Code Brick, New Jersey 08723  Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Telephone No. (732)8
Street Address P.O. Box 915  City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723  Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Occupancy Status During Abatement (Check Only One) Abatement Performed Outside of Normal Facility Hours Other − Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Street Address  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
City, State, Zip Code  City, State, Zip Code  Brick, New Jersey 08723  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  (732)899-7499  O1196  Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Street Address  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Brick, New Jersey 08723   Project Manager for Monitoring Firm   Telephone No.   Telephone No.   License No.   (732)899-7499   01196     Start Date (10)
Project Manager for Monitoring Firm  Telephone No.  (732)899-7499  Start Date (10)  Scheduled Completion Date (11)  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure
Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other − Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Occupancy Status During Abatement (Check Only One) *  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Demolition  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Abstamont
Location of Normally Description of Used Solely by Asharta Containing Metarial (ACM)
Aspestos-Containing Waterial (ACW)   Aspestos Containing Waterial (ACW)   Amount     m
TO BE ABATED In Facility (13)  Maintenance/ Custodial Staff? (12)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  (Specify SF or LF)  Output  The pair of the
Yes No N/A
& Sloor tile 100JF (
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Brick Industries Inc.  Hauler ID No. 21602  GROWS
City, State  Disposal Date  City, State  Brick, New Jersey  Disposal Date  PA
Completed by Eric Plackis President Signature Date 3/10/15

Date of Notification (1) March 11, 2015		Name of Building Owner/Operator (2) Rancocas Regional Board of Education Check #1923											Ιį	
Agencies Notified  Type Notification    X   EPA   X   Initial		Street Add	dress oksonvill	e Road					125					U
DEP Amended Amendment #_			e, Zip Cod ly, NJ 08				92 El	1		er.				NA.
Emergency (inc justification)  DCA  Cancellation	luding	Name of C				11	** 2		nhone N	lumber				
		FACIL	ITY INFO	RMATION	N									
Name of Facility Where Abatement is Taking P Rancocas Valley Regional High Scho						× S	f Facility (4 chool (K-12	2)		oureso.				
Street Address 520 Jacksonville Road							ubchapter ther (i.e. pi tc.)				ildi	ngs,	home	s,
City (5) Mt. Holly						Square 10,00		# of 2	Floors		Blo 10	ig. Aq O	ge	
County (6) - Burlington		County C	ode (7) SE ONLY)			Curren	it Use (Pric	r if beir	ng demol	ished)				
Name of Monitoring Firm Hired by Building Ow Coastal Environmental Compliance	ner (8)	ASCM	No.				ement Con ironment							
Street Address PO Box 167				1.05		Address Cutler	Avenue				22311			
City, State, Zip Code Hammonton, NJ 08037				1		tate, Zip	Code de, NJ 08	8052						
Project Manager for Monitoring Firm Cathy Ledden		Telephon		-	Teleph	one No.			License 00842					
Start-Date (10)	cheduled Co pril 11, 20		Date (11)	1/2			A Monitor lytical, In	C						
Occupancy Status During Abatement (Check C		10				Address								
		mont		100			130 Nort	h						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:						tate, Zip amins	o Code on, NJ 0	8077						
Scope of Work (Check All That Apply)										-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	23,000,000,000	novation molition				Mini Glov	Containme -Enclosure vebag Proc	edure						
	Is Loca	tion			Non-Exempted (*) and Non-Friable Proce							ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Norma Used Sol Maintena Custodial (12)	ally ely by ance/ Staff?		Desc os Contai thermal s surfacir other mis	ystems ng, VA	laterial s insulat T, or		(5	mount Specify or LF)	Zellova	)	Ty	e Encapsulate	Enclosure
(13)	Yes No	N/A		Other IIII	Sociiai	ieousj				/dl	-	=	ilate	ıre
Room 6	XXX	X	Floor	Tile/Ma	stic/B	Basebo	pards	78	30 SF	X				
Room 6	XXX	X	Bla	ckboard	ds an	d Mas	tic	6	4 SF	Х			ri est	
Room 7	XXX	X	Floor	Tile/Ma	stic/E	Basebo	pards	78	30 SF	Х				
Room 7	XXX	X	Bla	ckboard	ds an	d Mas	tic	6	4 SF	Х				
Name of Registered Waste Hauler		NJDEP W	aste	Cubic Y			Name of	Registe	ered Land	dfill	_			
Freehold Cartage	1.0	Hauler ID 02265	No.	20										
City, State Freehold, NJ		Disposal 4/11/201					City, State Newbur							
Completed by Christina Lynch	Title Operation	tions Manager Signature 3/11/20								20	15			

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

CK 2232

Date of Notification				Owner / Operato	or (2)	P\$n:		TP A	
Agencies Notified	3-12-2015		tam Sehgal			AA is		# F2	
EPA	Type Notification		et Address indermere Co	a ret					
□ DEP			, State & Zip (			#	of the State of th	1	_
□ DOL □ DOH	Amended		ngston, NJ	3000			1.		
□ DOH	☐ Emergency		ne of Contact				IT	elephone Number	
☐ DCA	☐ Cancellation	Gau	tam Sehgal				1		
			FACILITY INF	ORMATION					
Name of Facility WI	nere Abatement is T	aking Place (3)	TAOILITT III	Type of Facil	ity (4)				-
Residential				School (					
Street Address						Other than K-			
8 Windermere Cour	t				e. priva	te & commer		s, homes, etc.)	
City (5)	Count	(e)   Court	. O - d - (7)	Square Feet		# of Floors	Ble	dg. Age	
Livingston, NJ	Count  Essex		Code (7)	18,000		hoine dome	inhed)	80-100	_
				Residential		being demol	i i		
Name of Monitoring Health and Safety S	Firm Hired by Build Services	ing Owner (8)	ASCM No	· or in this common the property of		Contractor (9 ent Group, LI			
Street Address P.O. Box 365	11					ue, Suite 202			
City, State & Zip Co Berlin, NJ 08009	de			Trenton, NJ (	08619				
Project Manager for	Monitoring Firm	Telephon	e Number	Telephone N	umber		License Nu	mher	
Mr. Jim Proctor	(- (10)	856-452-	1311	609-977-615	9			01185	
Scheduled Start Da 03/25/201		lled Completion D 04/01/201		Name of OSI J&S Environr		iitor Laboratories,	Inc.		
Occupancy Status I  Facility Clos	During Abatement (C sed/Vacated During	Check only one)	hatamant	Street Addres					
Abatement	Performed During 1s	st Shift	batement	2333 Route 2 City, State &					
	10:00am to 6:00pm			Union, NJ 07		ue			
	upied During Abater	nent							
Scope of Work (Che	eck all that apply)								
≥3 sf or ≥3 I	f	⊠ p.	enovation					gative Pressure	
≥3 si oi ≥3 i ≥160 sf ≥26		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	emolition			Mini-Enclosus Glove Bag Pr			
	·		SITIONIOIT					Friable Procedure	
Lo	ocation of	Is Loca	ation	Description			Amount	Abatement Type	
	os-Containing	Normally		Asbestos-Con	taining		(Specify	r isatomont Typ	_
	erial (ACM)	Solely	Carried Street, and a second	Material (A	CM)	8	SF or LF)	2   5   5	Enc
	BE ABATED  a Facility	Maintena Custodia		(i.e., thermal sinsulation, surface				Rep	Sign
3.51	(13)	(12		or other miscell				Encapsulat Repair Removal	soure
	.11 %2-1-2 %2	Yes No				<b>'</b>			e e
Basement Storage	Area #1			Pipe & Pipe	Wrap		6 LF		$\forall$
Basement Storage	Area #2			Pipe			3LF		
			121-						
			+H+-	×					4
			+++-					<del>                                     </del>	╣
Name of Registered	Waste Hauler	N	JDEP Waste	Cubic Yards	Name	of Registere	d Landfill		4
Resource Managem	ent Group, LLC		lauler ID No. 035218	of Waste TBD	Grows	s Landfill			
City, State				Disposal Date	City, S				-
Trenton, NJ				TBD )		sville, PA			
Completed By (Print	or Type)	T	itle	Signature				Date	-
Mr. Brian J. Haney			resident	17) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	11			03/12/2015	
				L / / W	147				
				1 117					

(x-3663



Date of Notification (1)	Nam	e of Buildi	ng Owner/Operator	(2)	ria ke ri	Dige	r f	37		
			WELSH -	- 15 UILDE	R.				ingele	
Agencies Nourfied Type Notification	Stree	Address	POMONA	1 1 - 1	# 2 7	+		1		_
Ø ⊕A Ø Initial				1/1/51				- 1-	-	_
Amended Amendment #	City,	State, Zip	Code PDONFIEL	- 11.7	0003	7	-			
Emergency (including				- V , N , S	, 0 , 0 3	>				_
Ø DOH justification)  □ DCA justification	Nam	e of Conta			Telephone N	umber				
500,200			DME		r —					- 1
₩ ¥		CILTY IN	FORMATION							
Name of Facility Where Abatement is Taking Place	(3)			Type of Facility	(4)					
RESIDENCE				School (K-1)						
Street Address		X.		Subchapter Other (i.e., p	8 (Other than I	(-12)	ildin			
1.53 33 26 57				homes, etc.		erdar bu	ICITY	93,		-
City (5)				'Square Feet	# of Floors			. Age		
AVILON				1000			40	U -	+	
County (6) A			7) (STATE	Current Use (Pr		nolished)				
CAPE MAT	_ USE	ONLY		YAC.						_
Name of Monitoring Firm Hired by Building Owner	ASCH	No.		rent Contractor (9						
(8) N/A			FILEN	100 INC	<u> </u>			- 20		
Sireel Address			Street Address		- 1 -					
				5, SPAU	CE AVE	**				
Cny, State, Zip C∞de			City, State, Zip C	;∞de _	- 17	0 5	2	-		
	10			E SHAD			2	7		_
Project Manager for Monitoring Firm	.Telephone	No.	Telephone No.	- 3 01173	Liœnse No					
12			856-77	77-0472	_000	7 7 7				
Stan-Date (10)		ite (11)	Name of OSHA	Yonitor,						
3/14/05 3/21	105		JOSEP	H KLEN	1~					
Occupancy Status During Abatement (Check only of	me)		Sueel Address		- 1 -					
Facility Closed/Vacated During Entire Period of A			-369 5	, SPRUC	EAVE					_
Abatement Performed Outside of Normal Facility	Hours		City, State, Zip C	We = SHADE	.1-					
Other - Describe			Mapie	= DHADE	F, N,J,	080	52	2_		
Scope of Work (Check all that apply)			D: "0		antius Brazzur	•				
	novation		Mini-En	ntainment with Ne closure	gauve Pressur	e				
≥3 st or ≥3 tf ≥160 st or ≥260 tf			☐ Gloveb	an Procedure	aa Eriahia Oroo	so dura				
			D Nov-Ex	empled (*) and N	on-Frank Fra	1	Ah	atem	nent	
10.70.000	ocation mally		*		80			Type		
	Solely by		Description of	f			T	7	T	
Ashesins Containing Material (ACM) Maint	enance/	Asbes	los Containing Ma	terial (ACM)	Amount (Specify		n		E	Ē
TO BE ABATED	stodial taff?	(i.e.	. thermal systems i surfacing, VAT		SF or LF)		å l	Ropak	de	Clo
IN FACILITY	12)		other miscellane		50		Remova	alr	Encapsulate	Enclosure
	No N/A	1		-					9	
Yes	No N/A					, h	+	-		-
SIDING.	X		RANSITE		1400	P X	4	_		_
			1242							
(Designed Wasta Waller	INDEP	Waste	Cubic Yards	Name of Reg	pistered Landfil	ı				
Name of Registered Waste Hauler	Hauler I	O No.	of Waste	C.M	. C, M		1			
16 LEMCO INCI	- 79	24	Disposal Date	City, State			-			
City State	J.		USPUSAI DATE	(, 1, ),	> BINE	, N		J,		
- POLAPEE SAPPETITION						ate ,	-5			
Completed By Tibe	NER		Signature	sh Ko	~~_   ·	3/2	154	/	200.00	1156
JOE KLEMM OU	1001									
			2							

CK 2731

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 3/10/2015 Chec	ck # 2731	12	Name The (	of Building ( Church of	Owner/0	Operator Christ	(2) of La	tter day Sa	aints	ir in	18	P + 1	-			
Agencies Notified	Type Notification		Street	Address ackensac					<b>汽车</b> 点	12 .	1.6	7 60	1 5	ā		
DEP  DOL	Initial Amended Amendment #			tate, Zip Co nawken. N								- 1	ř (			
DOH DCA	Emergency (i justification) Cancellation	ncluding		of Contact Patrick Pa	lker				Telep	hone Nu	ımber					
			FAC	CILITY INFO	DRMAT	ION						-				
Name of Facility Where A The Church of Jesu			ts (Bran	ch)			_	of Facility (4) School (K-12)								
Street Address 271 Maple Street							X	Subchapter 8 Other (i.e. pri				ldings	, home	es,		
City (5) Perth Amboy, NJ 08	3861			51		1		e Feet	# of F	loors		3ldg. / 50+	\ge			
County (6) MIDDLESEX				Code (7) USE ONLY				nt Use (Prior ple-Churcl		demolis	shed)					
Name of Monitoring Firm TRC	Hired by Building C	wner (8)	ASC	CM No.				ement Contr		)						
Street Address 1430 Broadway			-			700000000000000000000000000000000000000	Addres 39th S	-								
City, State, Zip Code New York, NY 1001	8		1				itate, Zij	p Code g, NJ 0709	93							
Project Manager for Mon Kevin Sense	itoring Firm			one No. 221-7822		Teleph	none No 295-17	).	Ļ	icense t	No.					
Start Date (10) March 20-2015		Scheduled C		n Date (11)		100000000000000000000000000000000000000		A Monitor es Corpora					,			
Occupancy Status During	Abatement (Check	Only One)		The second second			Addres				-		-			
Facility Closed/Vaca	ated During Entire P	eriod of Aba	ement			same	as al	oove								
Other – Describe: _						Oity, o	tuto, Lij	0000								
Scope of Work (Check A	II That Apply)						_									
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			olition Mini-Enclosure Glovebag Prod													
		le Lor	ation				1401	-Excilipted (	) and i	NOTE HA	DIE FIL	The Secretor	ement	1		
Location	of	Norr	nally		De	scription	of					Ty	ре			
Asbestos-Containing	Material (ACM)		olely by nance/		tos Con	taining M	<b>faterial</b>			ount			Ш	_		
TO BE ABA In Facili		100	al Staff?	(i.e.		systems cing, VA		tion,		ecify r LF)	Removal	Repair	псар	nclo		
(13)		(1	<u></u>	_	other r	miscellan	neous)			-	oval	pair	Encapsulate	Enclosure		
		Yes N	o N/A										fe			
Branch President C	Office-1st Floor	)		9	x9 Flo	or tile,	masti	C	140	SF	x					
		_	-							_	_					
Name of Registered Was	te Hauler	NJDEP	Waste	Cubic	Yards		Name of Re	agistoro	d Landfi							
Tri-State Transfer As			Hauler II SW189	D No.	of Wa			Minerva			11					
City, State Bronx, NY							City, State Wainsbu	rg, Oh	io							
Completed by Gina Salvador		Title Office M	lanager		5	Signature	1611	uas.		1000	ate /20/2	015				

NO CK

AZPONENT CONTROL VALO				1000000		2000년 전 100mm : 100mm	vner/Operator (2)					
Date of Notification (1)				M	ERC	CK SHARP & DO	OHME CORP.	Special Control	5 , -			
3 / 12	/15			St	treet	Address			3	4.		. 9
Agencies Notified Typ	e Notification	1		12	26 E	LINCOLN AVE	NUE, P.O. BOX 2	2000, RY28-414				
EPA DEP X X DOL X DOH X	Initial Noting Amended Cancellation On Hold	Notifica		RA	AHV	State, Zip Code VAY, NEW JER	SEY 07065	Telephone Numb	)er		n ∀Ç	L
DCA	EMERGE	NCY N	IOTIFICA	urananomos de Silva		IAM MICHELUD	IS					
				FACILITY	/ IN	FORMATION		I				
Name of Facility Where Abater	nent is Taki	ng Pla	ice (3)				Type of Facility					
MERCK SHARP & DOHME CO	RPORATION	1						r 8 (Other than K- orivate & commol.		home	es. etc	;.)
Street Address							Square Feet	# of Floors	T	Bldg	g. Age	
126 EAST LINCOLN AVENUE - City (5)				1 0-		n. C-d- (7)	120,000	7	l all	25	45	
RAHWAY	UNION	)		3		ty Code (7) USE ONLY)	VACANT	or if being demolis	inea)			
Name of Monitoring Firm Hired		The state of the s				ASCM No.		ment Contractor				
ENVIRONMETAL HEALTH INV Street Address	ESTIGATIO	NS, IN	C.			17	Street Address	MENTAL CORPO	RATIC	N		
655 WEST SHORE TRAIL							313 SPOOK RO					
City, State, Zip Code	ADTA NEW	/ IED	CEV 070	74			City, State, Zip C					
Project Manager for Monitoring F	ARTA, NEV	V JERG		ne Number			SUFFERN, NEV		nse N	umber	5	-
WILLIAM S. KERBEL, CIH			973-729				845-369-7500	110				
Expected State Date (10)		Sche	이 아이들이 그렇게 되었다면 되었다.	letion Date	1000	1.000	Name of OSHA				935-232-15	
3 / 12 Month Day	/15 Year	Mo	5 / onth	Day	30	/15 Year	AMERISCI LAB	ORATORIES INC		#11	480	
Occupancy Status During Abater	nent (Check	only or	ne)			Tour	Street Address					
X Facility Closed/Vacat Abatement Performed					orih	٥.	117 EAST 30TH	STREET				
X Other - Describe:	MONDAY				CHD	e.	City, State, Zip C	ode			-7-1/2	
					-			W YORK, NEW Y	ORK 1	0016		
Scope of Work (Check all that ap	ply)	TReno	vation		ŀ	X Mini-Enclo	inment with Negat	ive Pressure				
X >3SF OR LF	12.5				Ė	Glovebag	Procedure					
>160 SF OR 260	LF			-			e Procedure	1				
Location of Asbestos-containing	r		Location mally use	d		Description of As ontaining Materia		Amount		batem		
Material (ACM)		200000000000000000000000000000000000000	solely by		•	(ie. Thermal sys	The second second	(Specify	REMOV	REPAIR	NC/	NC
TO BE ABATED			nt/Custod	al		sulation, surfacir	J. ,	SF or LF)	100	R	APS	108
in Facility (13)		Yes	No N/	_	(	or other miscella	neous)		P		ENCAPSULE	ENCLOSURE
7TH FLOOR SOUTHWEST PE	DIMETER	X	140 147		ON	INSULATION		50 SF	x		1	1111
71111 EOOK GOOTHWEGTTE	VIIVIL I LIX	^		JOI IVAT	ON	INSOLATION		30 31	1		1	
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		_							1			$\sqcup$
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				1			1700		T	1		$\vdash$
Name of Registered Waste Haule	er	NJDE	EP Waste	Cubic Ya	ards	of Waste	Name of Registe	red Landfill				$\vdash$
FREEHOLD CARTAGE, INC.		Haule	er ID No.			320	LYCOMING CO	UNTY RESOURC		VAGE	MENT	SER
825 HIGHWAY 33 City, State			15939	447 ALEXANDER DRIVE/ROUTE 15   Disposal Date   City, State / /								
FREEHOLD, NEW JERSEY				3/9 -03/3			City, State / MONTGOMERY	, PA 17752		Ĭ	1	
Completed by (Print or Type)	Title		20505	EDATIONO		Signature /	///V	Date	3/	121	12	-
BENJAMIN SANCHEZ	IDIKI	-0101	VOL OL	ERATIONS		/ /	///) ()		1	0		

					TION OF AS	ew Jersey BESTOS ABAT 3:60-7 and 12:12	The second second							
						of Building Ow	1.5		)					
Date of Notification (1)					MERC	CK SHARP & DO	OHME (	CORP.						
	15				100000000000000000000000000000000000000	Address								
	Votification					. LINCOLN AVE	NUE, P	o. BOX	2000, RY28-41	4				
DEP x	nitial Notif Amended Cancellatio	Notific		#3	1	State, Zip Code VAY, NEW JER	SEY 07	065						
X DOH	On Hold EMERGE	NCY N	NOTIFI	CATI		of Contact IAM MICHELUD	ıls		Telenhone Ni	ımhər				
			(4)	F	ACILITY IN	FORMATION	-							
Name of Facility Where Abatemen	nt is Taki	ng Pia	ice (3)					of Facility School (K						
MERCK SHARP & DOHME CORP	ORATION	1						Subchapte	er 8 (Other than			home	s, etc	.)
Street Address		2020					Squ	are Feet	# of Floor:		<u> </u>	Bldg	. Age	
126 EAST LINCOLN AVENUE - BU						0.1.60	1	20,000	7		-15		45	
RAHWAY	County (6 JNION					ty Code (7) USE ONLY)	VACA	NT	ior if being dem		5.57			2
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVES						ASCM No. 17			ment Contract MENTAL COR			M		
Street Address	TIGATIO	NO, IN	0.			- 17		Address	WENTAL CON	1 010	1110	11	7.7.7.00	
655 WEST SHORE TRAIL									OCK ROAD					
City, State, Zip Code	RTA, NEV	V IFR	SEY N	7871				state, Zip (	Code N YORK 10901	1				
Project Manager for Monitoring Firm		V OLIV			Number			none Num		Licens	se Nu	ımber		
WILLIAM S. KERBEL, CIH			973-7	729-56	549		845-36	59-7500	1	1101				
Expected State Date (10)		Sch			tion Date (1	(ACCASANCES)		of OSHA						
	15	B.A.	5 onth	I	30 Dav	/15 Year	AMER	ISCI LAB	ORATORIES I	NC		#11	480	
Month Day Year Month Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hour X Other - Describe: MONDAY - FRIDAY 5 PM - 1					urs - Describ	e:	117 E	state, Zip (	STREET	V YOF	RK 1	0016		
Scope of Work (Check all that apply Demolition >3SF OR LF >160 SF OR 260 LF	X	Reno	ovation		Transmit and a second a second and a second	Full Conta X Mini-Enclo Glovebag Non-Friabl	e, Proced	with Negal <b>Jure</b>	tive Pressure					
Location of		Is	Locati	ion		escription of As		X			Αl	oatem	ent Ty	ре
Asbestos-containing		1	mally u		С	Containing Material (ACM)  (ie. Thermal systems  insulation, surfacing, VAT,  or other miscellaneous)						REI	EN	EN
Material (ACM) TO BE ABATED			solely b nt/Cust		in	(ie. Thermal sys sulation, surfacir			(Specify SF or LF)	,	0	Alle	CAP	310
in Facility (13)			Staff (1			or other miscella			1		AL.	REPAIR	SUL	ENCLOSURE
		Yes	No	N/A					-	-	-		m	m
7TH FLOOR SOUTHWEST PERIM	METER	X	$\vdash$		SPRAY ON	INSULATION			50 SF		X			
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(4)		1							-	-				
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FREEHOLD CARTAGE, INC. Hauler ID No. 825 HIGHWAY 33 15939					Cubic Yards	320	LYCO 447AJ	MING CO	ered Landfill UNTY RESOU ER DRIVE/ROU			IAGE	MENT	SER
City, State FREEHOLD, NEW JERSEY					Disposal Da 3/9 -03/30/2		MONT	kale GOMER	Y , PA 17752			,	1	
Completed by (Print or Type) BENJAMIN SANCHEZ		Signature	88	/		Date 2	3/	11	113					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address /15 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Type Notification Agencies Notified City, State, Zip Code **EPA** Initial Notification RAHWAY, NEW JERSEY 07065 Amended Notification DEP Cancellation DOL Telephone Number Name of Contact #2 On Hold DOH WILLIAM MICHELUDIS EMERGENCY NOTIFICATION DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) Bldg. Age # of Floors Square Feet Street Address 120,000 7 126 EAST LINCOLN AVENUE - BUILDING 32 Current Use (Prior if being demolished) County Code (7) City (5) County (6) VACANT (STATE USE ONLY) UNION RAHWAY Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) #11480 AMERISCI LABORATORIES INC 30 /15 5/ Year Day Month Year Month Day Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 5 PM - 1 AM City, State, Zip Code Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclos, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure 260 LF >160 SF OR Abatement Type Description of Asbestos-Is Location Location of ENCAPSULE Amount REPAIR ENCLOSURE REMOVAI Containing Material (ACM) normally used Asbestos-containing (Specify (ie. Thermal systems Material (ACM) solely by SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 50 SF SPRAY ON INSULATION 7TH FLOOR SOUTHWEST PERIMETER Name of Registered Landfill NJDEP Waste Cubic Yards of Waste Name of Registered Waste Hauler LYCOMING COUNTY RESOURCE MANAGEMENT SER Hauler ID No. 320 FREEHOLD CARTAGE, INC. 447 ALEXANDER DRIVE/ROUTE 15 15939 825 HIGHWAY 33 Disposal Date City, State PA 17752 MONTE 3/9 -03/30/2015 FREEHOLD, NEW JERSEY

Signature

DIRECTOR OF OPERATIONS

Completed by (Print or Type)

BENJAMIN SANCHEZ

		(Ful Sua	Name of Building Owner/Operator (2)										
Date of Notification (1)				e <mark>of Building Ow</mark> CK SHARP & DO									
3 / 4 /15			Stree	t Address									
Agencies Notified Type Notif	ication		126 E	E. LINCOLN AVE	NUE, P.O. BOX 2	000, RY28-414							
EPA Initia	al Notification ended Notific			State, Zip Code WAY, NEW JER	SEY 07065								
X DOL Can	cellation Hold		Name	e of Contact		Telephone Numb	er						
	ERGENCY N	NOTIFICATI		IAM MICHELUD	IS		97.51						
		F	ACILITY IN	IFORMATION									
Name of Facility Where Abatement is	s Taking Pla	ace (3)			Type of Facility School (K-1								
MERCK SHARP & DOHME CORPOR	ATION				Subchapter	8 (Other than K-		,					
Ctraat Address					Square Feet	rivate & commcl. # of Floors	Diags.,		Age				
Street Address 126 EAST LINCOLN AVENUE - BUILD	ING 32				120,000	7		0770	5				
	inty (6)		Cour	nty Code (7)		or if being demolis	shed)		.000				
RAHWAY				E USE ONLY)	VACANT	3							
Name of Monitoring Firm Hired by B				ASCM No.	Name of Abaten			NI.					
ENVIRONMETAL HEALTH INVESTIG	ATIONS, IN	IC.		17	PAR ENVIRONN Street Address	MENTAL CORPO	RATIO	IN					
Street Address 655 WEST SHORE TRAIL					313 SPOOK RO	CK ROAD							
City, State, Zip Code					City, State, Zip C								
	, NEW JER				SUFFERN, NEW								
Project Manager for Monitoring Firm		Telephone			Telephone Numb		ense Nu	ımber					
WILLIAM S. KERBEL, CIH	lo-h	973-729-5		(4)	845-369-7500 Name of OSHA I	110	11						
Expected State Date (10) 3 / 9 /15	Scn	ed. Comple 5 /	30		AMERISCI LABO			#114	180				
Month Day Year	M	onth	Day	Year			MINE						
Occupancy Status During Abatement (0					Street Address								
X Facility Closed/Vacated Dur Abatement Performed Outs				ha:	117 EAST 30TH	SIREEI			¥				
	NDAY - FRI			De.	City, State, Zip C								
						V YORK, NEW Y	ORK 1	0016					
Scope of Work (Check all that apply)  Demolition	X Ren	ovation		X Mini-Enclo	inment with Negati	ve Pressure							
X >3SF OR LF	IX IKell	Ovation			Procedure								
>160 SF OR 260 LF					e Procedure								
Location of	Is	Location	1	Description of As				batem					
Asbestos-containing		rmally used		Containing Material (ACM)  (ie. Thermal systems insulation, surfacing, VAT,  Amount  Specify  (Specify  SF or LF)									
Material (ACM) TO BE ABATED		solely by nt/Custodial	l .	ie. Thermal sys nsulation, surfaci		(Specify SF or LF)	O	AIIAc	CAF	ENCLO			
in Facility (13)	11.000000000000000000000000000000000000	Staff (12)	'	or other miscella		01 01 21 7	A	12	SULE	SURE			
comy (10)		No N/A	1		,				Fi	RE			
7TH FLOOR SOUTHWEST PERIMET	ER X		SPRAY OF	N INSULATION		50 SF	X						
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		EP Waste											
Name of Registered Waste Hauler	Cubic Yard	ds of Waste	Name of Registe	red Landfill JNTY RESOUR(	>= MAN	MOE	MENIT	CED					
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hau	ler ID No. 15939		320		R DRIVE/ROUTE		MUE	VILIV I	SER			
City, State		10000	Disposal D	ate	Oity/State			2					
FREEHOLD, NEW JERSEY			3/9 -03/30/2015 MIDNITOOMERY, PA 17752										
Completed by (Print or Type)	Title	D OF ORE	DATIONS	Signature	510	Dat	3/	14	11	5			
BENJAMIN SANCHEZ	DIKECIC	K OF OPE	CALIDIAZ	RATIONS 11/100 15/7									

	(,		of Building Ow								
Date of Notification (1)		MER	CK SHARP & DO	)HME (	JORP.						
2 / 24 /15			t Address								
Agencies Notified Type Notifica	ition	126 E	E. LINCOLN AVE	NUE, F	P.O. BOX 20	00, RY28-41	4				
EPA X Initial N DEP Amend X DOL Cancel		RAH	State, Zip Code WAY, NEW JER	SEY 07		Telenhone Nu	jmher				
X DOH On Hol EMER	GENCY NOTIFICATION	ON WILL	IAM MICHELUD	IS							
		ACILITY IN	IFORMATION	-	c = _ :::::	41			-	_	-
Name of Facility Where Abatement is T	aking Place (3)				of Facility	2)	- V 12)				
MERCK SHARP & DOHME CORPORAT	TON			X	Other (ie. pr	8 (Other than ivate & community of Floor	ncl. bld	lgs., ho	omes Bldg.	etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDIN	NG 33			1	uare Feet 20,000	7			45		
City (5)	ty (6)		nty Code (7) E USE ONLY)	VAC	ANT	r if being den					
Name of Monitoring Firm Hired by Buil		1 (0	ASCM No.	Nam	e of Abatem	ent Contrac	tor (9)	)			
ENVIRONMETAL HEALTH INVESTIGA	TIONS, INC.		17			ENTAL COF	RPORA	ATION			-
Street Address					t Address SPOOK RO	CK ROAD					
655 WEST SHORE TRAIL					State, Zip C						
City, State, Zip Code	NEW JERSEY 07871			SUF	FERN, NEW	YORK 1090	01				
Project Manager for Monitoring Firm	Telephone	Number		Tele	ohone Numb	er	Licens	se Nur	nber		
	973-729-5				369-7500		1101				
WILLIAM S. KERBEL, CIH Expected State Date (10)	Sched. Comple		11)	Nam	e of OSHA	Monitor	INIC		#114	180	1
3 / 9 /15	5 /	30	0 /15 Year	AME	RISCI LABO	DRATORIES	INC		п 11-	00	
Month Day Year Occupancy Status During Abatement (Cl	Month	Day	Teal		et Address						
X Facility Closed/Vacated Durir Abatement Performed Outsid Other - Describe: MON  Scope of Work (Check all that apply)	na Entire Period of Aba	ours - Desci	Full Conf	City,	nt with Negat	16	EW YO	PK 10	0016		
X >3SF OR LF			Gloveba Non-Fria			250					
>160 SF OR 260 LF	le Leastian	1	Description of A	2 20 81					atem	ent Ty	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodia Staff (12) Yes No N/	al	Containing Mate (ie. Thermal s insulation, surfa or other misce	erial (AC systems icing, V	cM) s AT,	Amour (Speci SF or L	ify	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
7TH FLOOR SOUTHWEST PERIMET	ER X	SPRAY	ON INSULATION	N		50 SF		X			
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	e Cubic Y	ards of Waste 320	liy	COMING C	tered Landfill OUNTY RES ER DRIVE/F	SOURC	CE MA E 15	NAG	EMEN	IT SEF	
825 HIGHWAY 33	15939	Disposa	al Date	Ci	ty, State						
City, State FREEHOLD, NEW JERSEY		3/9 -03/	/30/2015	MONTGOMERY, PA 17752					_		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OR	PERATION	S Signature	4/	K			21	2	//-	7
BENJAMIN SANCHEZ			- /	//				45			

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  March 10, 201		Name of	f Building	Owner/Ope	rator (2)	(	· F. D.				~		
Agencies Notified Type of Notifica	ation al Notifi	cation		Street A		36 Illi	Ron Contracting	2/8		57	o 3	٠/	7
[x] DOH [x] Eme	endment ergency ( fication)	including			ate, Zip Co		Monmouth, NJ 0	- 4- 1-	jati Naj		N.		
	cellation			Name of	f Contact Charle	es LaRue		Telephor	ne Number				
Name of Facility Where Abatement is Taking	g Place (	3)	FA	CILITY I	NFORM	IATION	Type of Facility (	4)					
Residence		1656 1867 - 1865 - 1						Schoo	ol (k-12)				
Street Address 25 Central Avenu	e						[x]	Other	hapter 8 (o (i.e., priva s, etc.)				ldings,
City	Cour	nty (6)		County C	ode (7) USE ONL	Y)	Square feet 1500 sf		Floors	Blo	lg. Age		
Highlands	Mo	nmouth		(5.51.50	000 0112	-,	Current Use (Pric	or if being dence	lemolished	)		60	-
Name of Monitoring Firm Hired by Building N/A	Owner	(8)		ASCM N	0.	Name of	Abatement Contrac	tor (9)					
Street Address						Street Ad	ldress	dian Con					
City, State, Zip Code			- 11			City, Stat	e, Zip Code	Route 9					
Project Manager for Monitoring Firm	• 1000000						e Number	River, 1	License 1			271	
Scheduled Start Date (10)	3/11/15 , 3/12/15						9-9932 OSHA Monitor		00624				
Occupancy Status During Abatement (Check	3/11/15 , 3/12/15 Occupancy Status During Abatement (Check only one)						dress	S.L. Ana					
Abatement Performed						City Stat	e, Zip Code	Stelton I	Road				
Other – Describe	-					City, stat		taway, N	lew Jerse	y 088	354		
Scope of Work (Check all that apply)						[ ]	Full Containme		gative Pres	sure			
[ ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf		[ ]	Renova	[ ] Glovebag Hocedare									
[ X ] 2100 St 0f 2200 If		[ x ]	Demol	ition		[ x ]	Non-Exempted	(*) and No	n-Friable	Procedi	ıre		
		Is Locati			I	Description	n of				ement	I	
Location of Asbestos-Containing Material (ACM)	]	Normally to Solely b				estos-Con laterial (A		23393	nount	R E	R	E N	E N
TO BE ABATED	Mair	itenance/C			(i.e.,	thermal s	ystems		r LF)	M	P A	CA	C
in facility (13)		Staff (12)			insu	lation, sur VAT, or				O V	I R	P S	O S
		10 5			othe	r miscella				A	K	U	U
	YES	NO	N/A							L		L E	R E
Exterior		X		Asbest	tos siding	g		1350	) sf	X			
			1										
Name of Registered Waste Hauler	Waste Hauler NJDEP Waste Hauler II					ds of Waste	Name of Regis	tarad I and	en				
Guardian Contracting, Inc.			20223		3	us or waste	T.R.R.F.	tered Land	шп				
City, State Toms River, New Jersey			Dispos 3/13/	sal Date		City, Stat	e wn, Pennsylvan	ia					
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manag		Signatur	· M.	1hl	A A	/		Date 3/10	/15		

\*Do not use this form for asbestos licensure exempted activities.

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notinication (1)	March 10, 2015  Notified PA			Name	of Building			***	7	1- 1 ha	7 7	$r \rightarrow$	,	/	
	March 10, 2015   Initial Notification						Miller	r Ho	omes		ć	7	4 5	>4	8
[ X ] EPA [ [ [	] Initia	al Notifica ended Noti	fication			Address  State, Zip Co	ESCHOLA SW	iffo	ordtown Lane	2615		Å.	2	57	
[x] DOH [:	X ] Eme	rgency (in						ertor	n, NJ 08087	Art .			• /	UL	
[ ] DCA	유설용 전투에				Name	of Contact Jim N	liller			Telephon	e Number				
				FAC	TILITY	INFORM	[ATION								
		g Place (3)		1110	JILII I	IIVI OIQV	IATION	Ty	ype of Facility (4)	ÿ					
Reside	nce							[ ]		ol (k-12)					
Street Address								1	[ ]		apter 8 (ot				
A STARTER	recastle Dr	ive						[x]	homes	(i.e., priva s, etc.)	te & co	mmer	cial buil	dings,	
City	March 10, 2015    Notified						Y)	Sc	quare feet 1000 sf	# of	Floors	Bld	g. Age	60	
Little Egg Harbo	March 10, 2015    Notified							Cı	urrent Use (Prior i Reside		emolished)			00	
	d by Building	Owner (8)		ASCM	No.	Name of	Aba	tement Contractor							
N/A Street Address							Guardi		tracting,	Inc.					
	March 10, 2015  Notified Type of Notification PA						Street Ad	idres		oute 9	Unit 61				
City, State, Zip Code	March 10, 2015  Ses Notified  EPA						City, Stat	te, Zi	ip Code		New Jers	ox, 00	755 1	271	
Project Manager for Monitoring	icies Notified  EPA  DEP  DEP  DOL  DOL  DOH  DOH  DOCA  DOH  DOCA  DOH  DOCA  DOH  DOCA  DOTA  Residence  For Facility Where Abatement is Taking Place (3)  Residence  Residen						Telephon 732-349		umber	dvoi, i	License N			2/1	
Scheduled Start Date (10)	ies Notified  EPA  DEP  DEP  [] Initial Notification  EPA  DOL  DOH  DOH  DOH  DOH  DOCA  DOH  DOCA  [] Amended Notification  Amendment #  Cancellation  of Facility Where Abatement is Taking Place (3)  Residence  Address  7 N Forecastle Drive  County (6)  Little Egg Harbor  Of Monitoring Firm Hired by Building Owner (8)  N/A  Address  State, Zip Code  It Manager for Monitoring Firm  It elephone  It is Location  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is Location  Normally us Solety by Maintenance/Cu  Staff  It is location  Normally us Solety by Maintenance/Cu  Staff  It is location  Normally us Solety by Maintenance/Cu  Staff  It is location  Normally us Solety by Maintenance/Cu  Staff  It is location  Normally us Solety by Maintenance/								HA Monitor		00624				
Occupancy Status During Abate	cies Notified    EPA						Street Ad	dres		L. Ana	lytical		-		
(47) ATC	march 10, 2015    Services Notified   Type of Notification   Imitial Notification   Imitial Notification   Imitial Notification   Amendment #   Imitial Notification   Amendment #   Imitial Notification   Amendment #   Imitial Notification   Imitial Notification   Amendment #   Imitial Notification   Imitial Notification   Imitial Notification   Imitial Notification   Imitial Notification   Imitial Notification   Amendment #   Imitial Notification   Imitial Notification   Imitial Notification   Imitial Notification   Amendment #   Imitial Notification   Imitial Notification   Imitial Notification   Imitial Notification   Amendment #   Imitial Notification								1056 S	telton I	Road				
F -	DOH   DCA   [x]   Emergency (including justification)   Cancellation						City, State	te, Zi		wav. N	ew Jerse	v 088	54		
Scope of Work (Check all that a	State, Zip Code  It Manager for Monitoring Firm  It lephone  It will start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a start Date (10)  It should be a scheduled a						[ ]		Full Containment	100000000000000000000000000000000000000		<b>5</b> 00 8000000			
						[ ]		Mini-Enclosure	with Ive	gative 1 res	suic				
				Renova			[ ]		Glovebag Procedu						
[ A ] 2100 ST 0	r ≥260 II		[ X ]	Demoli	tion		[ x ]		Non-Exempted (*	) and No	n-Friable F	rocedu	ire		
							eo 0-0 0					Abat	ement	Туре	
Location of	W						Description estos-Conf				370000-4-000A	R	R	Е	Е
Asbestos-Containing Mater			Solely by	у .			faterial (A			3500000	nount cify SF	Е	E P	N C	N C
		Mainte		ustodial			thermal s			100000000000000000000000000000000000000	·LF)	M O	A	A	L
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31. CD 1. 1.W.															
		NJ		te Hauler 1 0223	ID No.	Cubic Yar	ds of Waste	3	Name of Register T.R.R.F.	red Landi	fill				
City, State				Disposa			City, Stat	te	4						
Completed by (Print or Type)	Jersey I	Title	-	3/13/1	Signat	Dra	Tullyto	wn,	, Pennsylvania			D .			
: TO STATE TO THE TOTAL CONTROL OF THE STATE OF THE STAT	a		Manag	er	Signat	W. [/	hot	/	tel			Date 3/10	/15		
		*Do	not use	this form	for asb	estos licens	ure exemp	oted	activities.						

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		11 >		DE	CEMED				
March 10, 201	15	Name of Buildin		rator (2) role Construction		$\overline{}$	1.	34	7
[ ] DEP [ ] Ame	ation ial Notification ended Notification endment # ergency (including	Street Address  City, State, Zip C	ode	artlett Avenue	CEL NO	100			
[x] DOH justi	ification)	Name of Contact Joyc			Telephone Number	r			
1	FA	CILITY INFOR	MATION						
Name of Facility Where Abatement is Taking Residence	g Place (3)		VIIIIIII	Type of Facility (4)	School (k-12)				
Street Address 1071 Bayview Av	venue			[ ] [x]	Subchapter 8 (o Other (i.e., prival homes, etc.)				ldings,
City	County (6)	County Code (7) (STATE USE ON	(V)	Square feet	# of Floors	Bld	g. Age		
Bayville	Ocean	(STATE OSE ON	J.)	1200 sf Current Use (Prior	if being demolished	i)		60	
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Reside Abatement Contracto					
N/A Street Address		£0000000000000000000000000000000000000		Guard	ian Contracting	, Inc.			
255			Street Ad		Route 9, Unit 61	ı			
City, State, Zip Code			City, Stat	te, Zip Code				man table s	
Project Manager for Monitoring Firm	Telephone Number	г	Telephon 732-34	e Number	River, New Jers License 1 00624			271	
Scheduled Start Date (10) 3/10/15	Scheduled Comple 3/11/15	tion Date (11)		OSHA Monitor					
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate  [ ] Abatement Performed  [ ] Other – Describe	only one) d During Entire Period of Ab Outside of Normal Facility H	atement Iours	Street Ad	ldress 1056 S e, Zip Code	.L. Analytical Stelton Road	12/12/10			
Scope of Work (Check all that apply)					away, New Jerse		354		
[ ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf	[ ] Renov	10017-7-770	[ ] [x]	Mini-Enclosure Glovebag Proced	t with Negative Pres ure *) and Non-Friable		ıre		
						A 1-4		-	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	(i.e	Description bestos-Con Material (A , thermal s ulation, sur VAT, or ter miscella	taining CM) systems facing, r	Amount (Specify SF or LF)	R E M O V A	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior house	X	Asbestos sidii	ng		1200 sf	X		2	1
			<u> </u>		1200 31	Λ			-
N. 00				1000pm, sc 1					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	r ID No. Cubic Ya	ards of Waste	Name of Registe T.R.R.F.	red Landfill				L
City, State Toms River, New Jersey		sal Date	City, Stat	te					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hol	wn Pennsylvania		Date 3/10	)/15		

\*Do not use this form for asbestos licensure exempted activities.

28	15 MAR   1	S AM	NOTI	FICAT Pursu	TON OF	of New Jer ASBESTO AC 8-60:	C ADIT	MENT			2	HEC	人本	8
bate of Mountainion (1)	3/10/13	***********		Nan	ne of Bui	ding Own	el/Onerator	- /25	/	N.I.	-		12/2/2	
Agencies Notified	Type Notifical	noi.	TRUL	Stra	et Addre	MANA	C-EVEL	it we	_ /-		e	!II & ,	Sonior	Ser
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E DOL	<ul> <li>Amondes</li> <li>Amenda</li> </ul>			City.	State 7	in Corfe			**	- Lec	<b>4</b>	Ti,	C	1
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		-											ء بر	43
Name of Facility Where Ab	atement is Tal	king Placa	(3)		AGILIT	INFORMA	TION	Type = Element		Whater		_		
MENT VICLA	-							Type of Facil			-	10000		******
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PATENSON								Square Feet	#	of Floors	· manager party	Bld	. Age	
County (6) PASSAIC				Coun	ty Code	71		36,000		8			0	
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Name of Monitoring Firm Hi	red by Building	J Owner (8	3)	AS	SCM No.		Name	of Abatement C		(7)	TON			
Street Address			The second second	L			A. MA	C Contracting	NC NC	(8)				
					10 SEC 1937 - 15		Street /	Address			*******	-	-	- COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T
City, State, Zip Code							185 V	reeland Ave.						
Project 61							City, St	ato, Zip Code						
Project Manager for Monitori	ng Firm		T	Tolo	phone N			id Park, NJ 074	33					
Star D. L. Mar. J. T.		garage and a second		1 1316	buoue v	10,	Telepho 201-2	me No. 262-5841		License h	la,			
Start Date (10) 3 /10 /1	5-	School	uled/Com	pletion	Date (1	1)	-	f OSHA Monito		00156	-	-		
The same of the sa			0110-	11)			Omeg	ga Environmen	r Iai Servic	es Inc.				
Occupancy Status During Al  Facility Closed/Vecated  Abatement Parformed O				24			Street A	ddress			****			
Abstement Performed O  Other - Describe:	utside of Non	nal Facility	Hours	120			280 Hu	iyer Street ita, Zip Code						
Scope of Work (Check All Th							Hacken	sack, NJ 0750	3					
□ ≥3 sfor≥3 lf	iat Apply)							The state of the state of the						
≥ ≥160 af or ≥260 lf			Renovatio Demolition					Full Containme	ent with N	lanetive D				
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* **					1		6	Glovebag Prod Non-Exempted	cedure (*) and f	Von-Friable	Proc	Adum		
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Asbestos-Containing Mate TO BE ABATED	rial (ACM)	f Us	ed Solely aintenand	by	Asibi	De:	scription of	terial (ACM)			-	7	уре	
In Facility	<u> </u>	Cus	todiai Sta	e/ ff?	(1.	G. Uleimai	Systems in	Enlation		rount recify	7		in l	ធា
(13)	1		(12)			other n	ing, VAT.	or us)	SF	Ur LF)	Removal	Papali	Elcal berg etc.	emedana
the said in the state of the same and the said of the same and		Yes	No	N/A							¥#	1	臣居	Brita
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ame of Registered Waste Hav	ler -		l N Iri	EP Wa	velo.	Ta							7	$\neg$
werk Certing, Inc			Haul	er ID N	la.	Cubic Y		Name of F	Registered	Landfill			- 1	-
y, State, Zip Code				04509		L	- d-	IESI P	A Bethlet	nem Land¶	II Core	3.		No.
wark, NJ 07105						Disposa	,	Gity, State	Zip Code	3				
mpleted by McDonald		Title			-	Name and Address of the Owner, where the Owner, which the	15 00		hem, PA	18015				E
MATOURIU .		Preside	nt			Sig	naturá )	Mily	1	Date	1	1		-
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CHECK # 8695

RECEIVED

Date of Notification (1)		Name of	Building Ov	wner/O	perator (2	2)						
		51	man	1.46-0	in Ch	7 22	2015	HAR 16 A	H 2:	14		
Agencies Notified Type Notification  □ EPA ☑ Initial		Street Ad	dress MA	N 6	57.		£ 4.5	ESTOS I.	14.15	101		
☐ EPA ☑ Initial ☐ DEP ☐ Amended ☑ DOL Amendment#		City, State	e, Zip Code	3 C:4.0	c- 11	7 6:7		E LICENII	ikG	111		
☐ Emergency (inc		Name of		,,-C.			1	Telephone Nu	mhor			
☑ DOH justification) ☐ DCA ☐ Cancellation		To					1	relephone Nu	moer			_
		FACIL	ITY INFOR	RMATIO	ON							
Name of Facility Where Abatement is Taking F						1000	acility (4)					
Street Address		-/	2 2	110	_	☐ Subc		Other than K-12				
11 TH 14UE + 40 TH S	TREET	16,1	BUILDI	NO-	2	etc.)	)	ate & commerci	ial buil	dings,	home	es,
City (5) PATENSON					the state of the s	Square F		# of Floors		Bldg. A		
County (6) PASSA1 C		County C	ode (7)			Current L	Jse (Prior in	being demolish	ned)			
	(0)						75	4.	-			
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASCI	VI No.			of Abatem C Contrac	ent Contra ting Inc	ctor (9)				
Street Address		E i a guarante de la constante de la const				Address reeland A	ve.					
City, State, Zip Code						tate, Zip C						
Project Manager for Monitoring Firm		Teleph	none No.			one No. 262-5841		License N 00156	No.			
Start Date (10) 3/19/15	Scheduled Co	mpletion D	Date (11)		The state of the s	of OSHA N		ervices Inc.				
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Pe	Only One)		- SV-, (PS-)			Address luyer Stree						
☐ Abatement Performed Outside of Normal☐ Other - Describe:					City, St	tate, Zip C ensack, N.	ode					
Scope of Work (Check All That Apply)					Hacke	ilisaun, inc	07000			7920		
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 lf	■ Renov	ation			ार्ज	. Eull Cor	toiomont :	with Monetine D	\·			
国 ≥160 sf or ≥260 lf	☐ Demol				×	Mini-En	closure	with Negative P	ressu	е		
					ZZ 	Gloveba Non-Ex	ag Proced empted (*)	ure and Non-Friab	le Pro	cedure		
	Is Loca								T		emen	t
Location of Asbestos-Containing Material (ACM)	Norm Used So		Ashaat		escription		CAN	A	-	<u> </u>	уре	
TO BE ABATED	Mainten Custodia			therma	I systems	Material (A insulation		Amount (Specify	공	D	Encapsulate	Enc
In Facility (13)	(12				acing, VA miscellan			SF or LF)	Remova	Rapair	psul	Enclosure
	Yes No	N/A							-		eda	.e
				L. E. S. S. S. S. S. S. S. S. S.	2 - paration 17 (the 10 ) rate	Charles of the second of the		THE RELEASE OF THE SHALL	T			
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25,35,45, 759, 769,779									1	1		
, i												
Name of Registered Waste Hauler	and the latest and th	NJDEP War	No.	of Wa		N	ame of Re	gistered Landfill	I			
Newark Carting, Inc		04509	)		5		-	Bethlehem Lar	ndfill C	огр.		
City, State, Zip Code Newark, NJ 07105			and the second second	3/	sal Date	021		em, PA 18015			200	
Completed by R. McDonald	Title President			5	Signaturé	C.M.	Formely		ate 3	10/1	5	

Date of Notification (1)		N		Building Owner/Op			FELE		1		
Agencies Notified Type Notification		S	treet Add				9815 ELD 10	F 14	O. 1	6	
□ EPA ⊠ Initial				MAIN 8	7.		2015 MAR 16	AM	6!	4	
☐ DEP ☐ Amended ☐ Amendment #_		C	ity, State	e, Zip Code	- 1	707601	ASBESTOS		140	1	
☐ Emergency (incl	uding	-	lame of (	Contact	( ,0	7 67607	ASSESTING A TILE	nher			
☑ DOH justification) ☐ DCA ☐ Cancellation			70				Telephone ton				,
			FACIL	ITY INFORMATION	ON					-	
Name of Facility Where Abatement is Taking Pl		75	1 0	Lungalle		Type of Facility (	- 579 9830				
Street Address		-		BUILDING		<ul><li>□ School (K-1</li><li>□ Subchapter</li></ul>	2) 8 (Other than K-12	)			
11 TH 14UE + 407H S	rage	T/	11	± 25		Other (i.e. p     etc.)	rivate & commercia	l build	ings,	nome	s,
City (5)		1				Square Feet	# of Floors	E	Bldg. A		
County (6)		1	County C	ode (7)		36,000	or if being demolish	94/	60		
PASSAIC				SE ONLY)	_	APT!S		eu)			
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCN	A No.		of Abatement Cor	ntractor (9)				
Street Address						AC Contracting Inc	, 		-		
						/reeland Ave.					
City, State, Zip Code						tate, Zip Code					-
Project Manager for Monitoring Firm						nd Park, NJ 0743	2				
Troject Manager 15: Monitoring 1			Teleph	none No.		none No. -262-5841	License N 00156	0.			
Start Date (10) 3/19/15			pletion D	Date (11)		of OSHA Monitor ega Environmenta					
Occupancy Status During Abatement (Check						Address		ar a comme			
<ul> <li>☑ Facility Closed/Vacated During Entire Per</li> <li>☐ Abatement Performed Outside of Normal</li> </ul>			ent			luyer Street tate, Zip Code					
☐ Other - Describe:						ensack, NJ 07606	5				
Scope of Work (Check All That Apply)						The second state of the se	*****				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		enovati emolitic				Full Containme	ent with Negative P	ressur	е		
7 - 100 01 01 - 200 11	u 00	arronuc.			JE	Glovebag Prod	cedure				
	-	1 41				J Non-Exempted	(*) and Non-Friab	e Proc		emen	t
Location of	_ N	Location	у	De	escription	n of				ype	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	d Solel intenar	ice/	Asbestos Cor	ntaining	Material (ACM) s insulation,	Amount (Specify	A		En	E
In Facility (13)	Cust	odial S (12)	itaff?	surfa	acing, VA miscellar	AT, or	SF or LF)	Remova	Rapair	Enc apsulate	Encb sure
	Yes	No	N/A	Other	miscella	leous)		187	=	dali	ure .
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Name of Registered Waste Hauler		N	JDEP W	aste Cubic	Yards	Name of	Registered Landfill	Tables .			1
Newark Carting, Inc		1	auler ID 04509	No. of Wa			PA Bethlehem Lan		гр.		
City, State, Zip Code Newark, NJ 07105				Dispo	sal Date	City, Sta	te, Zip Code			LM.	
Completed by	Title					_		ate i			
R. McDonald	Preside	ent			7	UM You	4(	3/	10/1	5	

CHECK # 8695

PECENTED

Date of Notification (1)		Name of	Building Owner/0	nerator	2)	The transmit	- house	ales.		
3/10/15		T	P MANAG	EMBA	T LLC					
Agencies Notified Type Notification		Street A	ddress		2) IT 22C ===================================	HE MAR 16-1	6.4	2	4	
□ EPA Initial										
☐ DEP ☐ Amended		City, Sta	ite, Zip Code		17 07601	Selection of the control of the cont		101	11	
☑ DOLAmendment #		1-1-17	CUC BUUSHC	it d	1707601	& LICEN	$c_i$	G		
■ Emergency (ir ⊠ DOH justification)	ncluding	Name of	f Contact			Telephone Num	hor			-
□ DCA □ Cancellation		To	000							-
		FACI	LITY INFORMAT	ION		1			-	-
Name of Facility Where Abatement is Taking	Place (3)	1		.0.1	Type of Facility (4)	)	O. C. Control			
KENT VICLAGE APART	MENT	S / B	CHLOING		☐ School (K-12					
Street Address		1			☐ Subchapter 8	(Other than K-12)				
11 TH 14UE + 40 TH	TREET	/#	35		Other (i.e. pri etc.)	vate & commercia	build	dings,	home	es,
City (5)		/			Square Feet	# of Floors		3ldg. A	Age	
	/				36,000	8		60		
County (6)			Code (7)			if being demolishe	<u>.</u>			
17.455,71C		(STATE	JSE ONLY)		APT 5	3				
Name of Monitoring Firm Hired by Building Or	wner (8)	ASC	M No.	Name	of Abatement Conti	actor (9)	-			
				] A. M.	AC Contracting Inc	272				
Street Address				Street	Address			-		
				185 \	/reeland Ave.					
City, State, Zip Code				City, S	State, Zip Code					
Bariantha					nd Park, NJ 07432					7
Project Manager for Monitoring Firm		Telep	hone No.	Teleph	none No.	License No				
					-262-5841	00156				
Start Date (10) 3 /19/15	Scheduled C	ompletion	Date (11)		of OSHA Monitor					
		5/2/1	5	Om	ega Environmental	Services Inc.				
Occupancy Status During Abatement (Check	(Only One)			Street	Address					
□	eriod of Abate	ment		_	luyer Street					
Other - Describe:	i racility nou	15			tate, Zip Code ensack, NJ 07606					
Scope of Work (Check All That Apply)				1						
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if	□ Renove			P	Full Containment	with Negative Pre	essur	е		
	u beillo	HUOII			Mini-Enclosure Glovebag Proce	dure				
					Non-Exempted (	') and Non-Friable	Proc	edure		
	Is Loc								emen	t
Location of	Nom Used So		D	escription	of		_	T	ype	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainter	nance/	Asbestos Co	ntaining I	Material (ACM) sinsulation,	Amount	_		E	- E
In Facility	Custodia (1:	577	surf	acing, VA	T, or	(Specify SF or LF)	meg	Rapair	сар	nob
(13)	, ,	,	other	miscellar	neous)		Removal	1	Encapsulate	Enchaure
	Yes N	o N/A			1			1	20	"
CRAWL SPACES		X	PIP	F		14500	12-	1		
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Name of Registered Waste Hauler		NJDEP W		Yards	Name of Re	egistered Landfill		1		
Newark Carting, Inc		Hauler ID 04509		ste		A Bethlehem Landf	iii C-	_		Į.
City, State, Zip Code				sal Date	City, State,		00	μ.		
Newark, NJ 07105				19/15	Bethlel	zip Code nem, PA 18015				
Completed by	Title			Signatyré		1 Det	7	,		
R. McDonald	President			1	Mil	( Dale	3/	0/1	5	Marie Landin
	- Landau - L			-	T 96	4	1	1		

CHECK # 8695

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Date of Notification (1)	2/10/15		Na	ame of Buildir	ng Owner/Or	perator (2	2)				11	-		
	3/10/15			JPM	1ANAC-3	-wa Ew	7 4	DE MIS	115	1H 2-6	=			
Agencies Notified	Type Notification		St	icot Addioss							· Sager			
□ EPA	⊠ Initial		-	190 1		2 / 5		F	1					
□ DEP 図 DOL	☐ Amended Amendment #		C	ty, State, Zip ナイルに	Code	- 1	7 ( )	2 md 1	II.E.	i de la composición dela composición de la composición dela composición de la compos	1.			
E DOL	☐ Emergency (ir			6000 C			J (J )	E C/						
⊠ DOH	justification)		N	ame of Conta					Telep	hone Numb	er	- 3		.
□ DCA	☐ Cancellation													
Name of Facility Where	Abatement is Taking	Diago (3)		FACILITY II	NFORMATI	NC	Tuna of	Facility (4)						
KENT VICE			2	1 Bun	DING		•••							
Street Address			-/	/ Bun # 4.				ool (K-12)		than K-12)				
11 TH 14U.2	1 40714	TWEET	-/	# 4	5					commercial t	ouildi	ngs, h	omes	š.
	V 2 0	57.426	/				etc	.)						
City (5)		/	/				Square		# 01	Floors	BI	dg. A		
County (6)		/	10		7		36,					60		
17455,41C				ounty Code (					it being	demolished	)			
1	- Tr	(0)	1.			7		075						
Name of Monitoring Firm	n Hirea by Building O	wner (8)		ASCM No.			of Abater AC Contra	nent Contra	actor (9	9)				
Stroot Address								Journa III.o		-		-		
Street Address							Address /reeland/	Ave.						
City State Zin Code						100	/ Icciailu /	100.					-	
City, State, Zip Code							tate, Zip							
Project Manager for Mo	nitoring Firm		_			IVIIdia	ind Park,	NJ 07432						
Project Manager for Mo	millioning Film			Telephone I	No.		none No.			License No.				
	d 1		1_			201-	-262-584			00156				
Start Date (10)	19/15			oletion Date (	11)	3-10	of OSHA					4		
01	1//10	(	5/0	2/15		Um	ega Envii	onmental S	Service	es Inc.				
Occupancy Status Duri						Street	Address							
<ul> <li>✓ Facility Closed/Vac</li> <li>☐ Abatement Perform</li> </ul>	cated During Entire P	eriod of Aba	teme	nt			Huyer Str State, Zip							
☐ Other - Describe:		arr donity rio	uis				ensack, I							
Scope of Work (Check	All That Apply)					1								
	/ III Triat / ippiy/					_								
□ ≥3 sf or ≥3 lf   国 ≥160 sf or ≥260 lf			ovatio olitio				⊈ Full Ci ₫ Mini-E		t with N	legative Pres	ssure			
7 -:00 0: 0: 2200 ::		_ DGII	ionitio.			<u> </u>	Glove	bag Proce	dure					
							Non-E	xempted (	*) and l	Non-Friable	Proce	edure		
			ocatio										ement rpe	
Location	350070	No Used	rmally Solely	, by		escription		M. Tanana				13	he	-
Asbestos-Containin TO BE A		Maint			sbestos Co (i.e. therma					mount	-		Εp	m
In Fac		Custo		aff?		acing, VA		on,		pecify or LF)	Remova	Fapair	cap	ncb
(13	3)		(12)		other	miscella	neous)				ВАС	9	Encapsulate	Enchaure
		Yes	No	N/A				-					Ø .	
COA	£ C			V	0	PE				, , , , , ,	1.7			
CRAWL SPAC	رد			X	- 1	7-				17505	X			
	100 to								Marie Control					
	NAME OF THE PARTY				- 1000-1000-1000-1000-1000-1000-1000-10	and the second second								
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Name of Registered Wa	aste Hauler		IN	IDEP Waste	1 Cubic	Yards	1	Name of R	enister	ed Landfill				
				auler ID No.	of Wa				7377 <del>7</del> 3873475					
Newark Carting, Inc				04509						lehem Landfi	II Co	р.		
City, State, Zip Code Newark, NJ 07105						sal Date		City, State, Bethle		ode PA 18015				
Completed by		Title				Signatur		2014	. 7	Date	1	j	_	-
R. McDonald		Presiden	t			0	T.///	Jones.	-		3/1	0/1	2	

PAGE 5

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Date of Notification (1) 3 / 10	15			JP	uilding Owne かいれいけ	er/Oper مراکضان	ator (2)	LC + C	14	> 2 <u>5</u>				
Agencies Notified Type No	tification		Str					mit : W						
□ EPA □ Ini □ DEP □ Am	ended		Cit	, Ctata	72.71 K Zip Code		ACE	E 3 1 3 7						
⊠ DOL An	nendment# ergency (inclu	idina				+CK	מ כמ	3.6,92.1	and the same of the same of					
⊠ DOH jus	tification)	ding	Na	me of C					1	phone Num				
□ DCA □ Ca	ncellation					TATION	1		. ~					_
Name of Facility Where Abatemer	t is Takino Pla	ice (3)		FACILI	TY INFORM	IATION		of Facility (4)	)					_
MENT VICLAGE			5/	Bu	HILDING			chool (K-12	!)	(40)				
Street Address	0714 57	REE	T/ .	# 7	75-9		⊠ 0	bchapter 8 ther (i.e. pri tc.)	vate &	commercia	l buildii			,
City (5) CATERSON		/	/					e Feet 000	# of	Floors	BI	dg. Ag	je	A STATE OF THE STA
County (6)  PASS/41			C	ounty Co	ode (7) SE ONLY) _		Сипе	nt Use (Prior	r if bein	g demolishe	ed)			
Name of Monitoring Firm Hired by	Building Own	er (8)		ASCM	1 No.		Name of Abat A. MAC Con	ement Cont	ractor (	9)				
Street Address			L				Street Addres							
City, State, Zip Code							City, State, Zi Midland Par							and de la contraction de la co
Project Manager for Monitoring F	rm			Teleph	one No.		Telephone No 201-262-58			License N 00156	0.			
Start Date (10) 3/19/15	s	chedule		oletion D	ate (1 <sup>1</sup> 1)		Name of OSI Omega En	A Monitor	l Servic	es Inc.				
Occupancy Status During Abate  Facility Closed/Vacated Dur	ment (Check (	iod of Ab	e) ateme				Street Addre	ss Street		Transport State Control of the Contr				
☐ Abatement Performed Outsi☐ Other - Describe:	de of Normal I	Facility H	lours	-		- 1	City, State, Z Hackensack							
Scope of Work (Check All That	Apply)													
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		風 Re □ De	novatio molitio				国, Min 园 Glo	Containme -Enclosure vebag Proc -Exempted	edure					
							☐ 1V01	-Exempled	( ) 2110	INOTI-I Habi	1	1011/2000	ement	
		100	Location lormally			D						T	/pe	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM)	Use Mai	d Solel intenan odial S (12)	y by ice/	(î.e. th	s Cont nermal surfac	scription of aining Materi systems insul cing, VAT, or niscellaneous)	ation,	(	Amount Specify F or LF)	Remova	Flapair	Encapsulaba	Enclosure
		Yes	No	N/A						4 mm a communication	Sunname	<u> </u>	8	
GROWN FLEEN				X		PIF	Ê			980 LF	X			
Name of Registered Waste Hau	er		\$11,500	JDEP W auler ID		Cubic of Was		Name of	Regist	ered Landfil				
Newark Carting, Inc	2012			0450	9			_1		thlehem Lar	ndfill Co	rp.		
City, State, Zip Code Newark, NJ 07105						Dispos 3/	al Date	[	nlehem,	Code PA 18015				
Completed by R. McDonald		Title Presid	ent			S	ignaturé )	Mit	21	D	ate 3	10/1	\$	

Date of Notification (1)			e of Building			2) 7 24C	- n				* Inches	
Agencies Notified Type Notification		Stree	et Address					6 AM 2	65			
□ EPA ☑ Initial □ DEP □ Amended ☑ DOL Amendment#		City,	State, Zip C	ode		707601		3 00-41 200-41				
☐ Emergency (inc justification) ☐ DCA ☐ Cancellation	luding		e of Contact				1	phone Numb	er -		ز	7)
Name of Facility Where Abatement is Taking P	202 (3)	F	ACILITY INF	ORMATIC	N	Type of Facility (4)			-			
MENT VICEAGE APART.	MENT	-/	Buica	NG		☐ School (K-12☐ Subchapter 8	) (Other		a uildir	ago h	omon	
11 TH 1442 + 40714 5	TREET	17	+ 169			Other (i.e. pri etc.)						•
City (5)	/	/				Square Feet 36,000	# of	Floors	1	dg. Ag	je	
County (6) 7.4.5.5.41			nty Code (7)			Current Use (Prio	r if bein	g demolished	)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM No.			of Abatement Cont AC Contracting Inc	ractor (	9)				
Street Address						Address /reeland Ave.						
City, State, Zip Code						State, Zip Code and Park, NJ 07432						
Project Manager for Monitoring Firm		Т	elephone No	).		none No. -262-5841		License No. 00156				
Start Date (10) 3/19/15	Scheduled (	omple	tion Date (1	1)		of OSHA Monitor ega Environmental	Servic	es Inc.				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other - Describe:	riod of Abat				280 City, S	Address Huyer Street State, Zip Code ensack, NJ 07606						
Scope of Work (Check All That Apply)					1							
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		vation olition			I	Full Containment Mini-Enclosure Glovebag Procedure Non-Exempted	edure	2				
	Islo	cation	The selection			- Non-Exempted	( ) and	Non-i nabic	1 1000	Abate	ement	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used S Mainte Custod	enance.	ASI	estos Con i.e. therma surfa		Material (ACM) as insulation, AT, or	(	Amount Specify F or LF)	Removal	Kapair	e Encapsulate	Enchsure
	Yes	No	N/A								9	
GREYNA FLOUR			X	PIPE	-			3 80 LF	X			
							Lasentini					
		$\dashv$	1									
Name of Registered Waste Hauler  Newark Carting, Inc		Haul	EP Waste er ID No. 04509	Cubic of Wa	Yards iste		1070	ered Landfill	fill Co	rp.		
City, State, Zip Code Newark, NJ 07105		<u> </u>			sal/Date	City, Stat	e, Zip (				100.00	
Completed by R. McDonald	Title President				Signatur		26	Dat	3/	io/i	\$	

CHECK # 8695

Date of Notification (1)		IN	ame of B	Building Owner	Operator (	2)			1.00.55		-	
3/10/17		1	TE	MANUAC	EMBA	2) 17 LC 1895 11 11 11 11 11 11 11 11 11 11 11 11 11						
Agencies Notified Type Notification		St	reet Ado	dress			OF WALL BUT	6.5	-			
			190	MATIN	57.			w w.				
☐ EPA		Ci	ity State	Zin Code		Project Control		111				
□ DOL Amendment #			14140	WC 6201.585	Cir X	DOTECL!	For Found	-				
☐ Emergency (inc	luding	N	ame of (				Telephone N	lumh	ar			
⊠ DOH justification)     □ DCA □ Cancellation		1.4	To				1 elephone i	AULT ID				
D DCA D Cancellation					TION			_		_ '		/
Name of Facility Where Abatement is Taking F	Place (3)		FACIL	ITY INFORMA	TION	Type of Facility (4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
KENT VICLAGE APART		75	10	1 110			50 62					
Street Address			/	undide		☐ School (K-12 ☐ Subchapter 8		121				
11 TH AUE + 40 TH S	TREE	T/	#	779		☑ Other (i.e. pr etc.)			uildii	ngs, h	omes	S,
City (5)		1				Square Feet	# of Floors		BI	dg. A	ge	
County (6)		10	ounty C	nde (7)		Current Use (Prio		lished				
PASSAIC			STATÉ U	SE ONLY)		APT'S			,			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCN	/I No.		of Abatement Con AC Contracting Inc	ractor (9)					
Street Address					100	t Address Vreeland Ave.						
City, State, Zip Code					Cibr	State, Zip Code				-		-
						and Park, NJ 07432						
Project Manager for Monitoring Firm			Teleph	none No.		hone No. -262-5841	Licens 0015					
Start Date (10) 3/19/15	Schedule	d Confi	pletion D	Date (11)		e of OSHA Monitor nega Environmenta	Services Inc.		e-cure			
Occupancy Status During Abatement (Check	Only On	a)			Stree	t Address	t to the second					
□			nt		# TOTAL TOTAL	Huyer Street						
☐ Abatement Performed Outside of Norma	Facility F	Hours				State, Zip Code						
Other - Describe:		-			Haci	kensack, NJ 07606						
Scope of Work (Check All That Apply)					~							
□ ≥3 sf or ≥3 lf	国 Re	enovatio	on			区 Full Containme	nt with Negative	e Pres	ssure			
)国 ≥160 sf or ≥260 lf		emolitio				国 Mini-Enclosure						
						<ul><li>Idio Glovebag Proc</li><li>Idio Non-Exempted</li></ul>		iahle l	Proce	dure		
	Τ.					I Well Exempted	( ) did Holl ( )	I	1000		emen	t
		Locatio Normally						100,000			/ре	•
Location of Asbestos-Containing Material (ACM)		d Solel		Ashastas	Description	n of Material (ACM)	Amount	C Limente	. 1120 11 11			
TO BE ABATED		intenan todial S	100 (100 mg) 1 9	(i.e. ther	mal systen	ns insulation,	(Specify		공	D	Encapsulate	Enclosure
In Facility (13)	Cusi	(12)	lanr	s	urfacing, V ner miscella	AT, or	SF or LF)	T T	Remova	Flapair	ısdı	Boc
(15)	-		T	1	ici miscelle	aneous)		The state of the s	<u>B</u>	=	labe	高
and the second s	Yes	No	N/A		- the company of							
CRAWL SPACE			X	PIF	25	7	740.	is	X		(Annihitation)	
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										_	<u> </u>	-
				and the same							A STREET, STRE	
Name of Registered Waste Hauler		200000	JDEP W	15000 mm//	ubic Yards	Name of	Registered Lan	dfill				
Newark Carting, Inc		H	auler ID 04509	9	Waste	2 min - 2 4 4 4 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PA Bethlehem	Landfi	II Co	rp.		
City, State, Zip Code Newark, NJ 07105					sposal Dat		e, Zip Code lehem, PA 180	15				
Completed by	Title				Signaty		21	Date	1	. <i>i</i>	~	
R. McDonald	Presid	ent			1 1	1. 111 Jone	2		3/1	0/1	5	



						MATE WAS		
Date of Notice 3/9/15					Operator (2)	921	5 A 4	13 15
Type Notificati	on		mericas,	inc.		£ : -> -		And the second s
Agencies Notified X EPA Eme	rgency Notificatio		ute 31 Nor					h.C.
	I Notification	107.00	te & Zip Coo		10			
	nded Notification		gton, NJ (	07882				Telephone Number
X DOH Can	cellation	Name of	Contact Emanue	LMoo				Telephone Mumber
DCA								22 200 0000
	Ð	100000000000000000000000000000000000000	LITY INFO					
Name of Facility Where Abatem		ce (3)			of Facility (4)			
Albe	ea Americas			_	School (K-12)	(Other than K-	12)	
4	31 Route							ings, homes, etc.
	31 Route				re Feet	# of Floors		Bldg. Age
City (5)	County (6)	County Coo	de (7)	٠	100,000	1.5		60
Washington	Warren					if being demo	ished)	
	Section (Controlle Section)				ufacturing		177	
Name of Monitoring Firm Hired	by Building Owner	r (8)	ASCM No.			nt Contractor ( ent Services		
Street Address					et Address Schoolhous	se Road		
City, State & Zip Code			N.	City,	State & Zip C	ode		
						nip, NJ 0883		
Project Manager for Monitoring	Firm T	Telephone Nu	umber	732-	ohone Numbe 605-9062		License	Number <b>00714</b>
Scheduled Start Date (10) 3/20/15	Scheduled Comp	oletion Date ( 3/31/15	(11)		e of OSHA Mo pal Abateme	onitor ent Services	LLC	
Occupancy Status During Abate Facility Closed/Vacated			ment		et Address Schoolhous	se Road		
X Abatement Performed C					State & Zip C			
Describe: Area Isola Other - Describe:		경기 : [14] [16] [16] [17] [17] [17] [17] [17]		Mon	roe Townsh	nip, NJ 0883	1	
Scope of Work (Check all that a	innly)							
Demolition	X Renovatio	n			Full Co	ntainment with	Negative	e Pressure
Large Project					X Mini-Er			
X Quantity is ≥ 3 SF or ≥						ag Procedure		
Quantity is ≥ 160 SF or	≥ 260 LF ACM					Non-friable	mount	Abstament Type
Location of Asbestos-Containi	ng	Is Location Normally Use			escription of stos-Containir		mount Specify	Abatement Type (Specify: Removal,
Material (ACM)		Solely by			aterial (ACM)		are Feet	
TO BE ABATED	1	Maintenance			hermal system		or	or Enclosure)
in Facility		Custodial Sta			on, surfacing, er miscellaneo		ear Feet)	
(13)		(12)	(	or othe	i iliscellaneo	us)		
Sample L	ine	N/A		TSI	pipe/fittings		10LF	Removal
Storage Room		N/A			pipe/fittings		80LF	Removal
MoldingDept/Mop w		N/A		TSI	pipe/fittings	3	75 LF	Removal
Name of Registered Waste Hau Freehold Cartage		NJDEP Wast	e Hauler ID 8693	#	Cu. Yds. of V 30	Vaste Nar		istered Landfill
City, State					Disposal Dat	90000 E	, State	_
Freehold, NJ					3/31/	15  Tul	lytown,	
Completed By (Print or Type)	Title				Signature	1 -	_	Date 3/9/15
Dominick Tringali	Project I	Manager			Domin	ick Tring	ali	3/9/15

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-47 (Pursuant to NJAC 8:60-7 and 1

Check # 7 1 2 3

					LIVILA	GENC	, I			-/			_
Date of Notification	(1)	IIN	ame of Build	ding Owne	er/Operator (2)	)		,	to				
0 13 1/11 12	1/115	111	Montclair					UE MA	10 111				
Agencies Notified	Type Notification	on St	reet Addres	S						- E	15		
☐ EPA	✗ Initial		1 Norma	I Avenu	е			1-14-				2	
☐ DEP			ity, State, Zi		305W S		18	4 11					
X DOL	Amendm	ent	Montclair	r, NJ 07	043								
▼ DOH	☐ Cancella		ame of Cont	act				Telepho	ne Number				
☐ DCA	Cancella	lion	Amy Fer	dinand					JJ-430 f				
				FACI	LITY INFORM	ATION	I						
Name of facility who	ere abatement is	taking pla	ce (3)					Type of Facility					
Montclair State								=	ol (K - 12)		34.		
	e Offiversity-L	ile Hall							hapter 8 (O (Private/Co			-12)	
Street Address  1 Normal Aver	nuo								./Homes, et			3	
	nue							Square Feet	# of Floor	S	Bl	dg. A	ge
City (5)		Coun	ty (6)				inty Code (7)	Current Use (I	Prior if hein	n den	nolishe	ed)	- 10
Montclair		Ess	sex			(010		school-NOI		g ucii	Olisin		
Name of Monitoring	Firm Hired by E	Bldg. Owne	er (8)	1	ASCM No.	-	Name of Abatement Co	ontractor (9)			ses eya ta X		6
n/a				×			B & G Restoratio	n, Inc.					
Street Address							Street Address 105 Ryerson Ro	ad					
City, State, Zip Code	9				4	_	City, State, Zip Code			-			-
Oily, Claic, Zip Odde							Lincoln Park, N	J 07035					
Project Manager for	Monitoring Firm		Pho	ne Numb	er		Telephone Number		License		эег		
							(973)696-6869		00	378	_		
Scheduled Start Dat	te (10)	Sched	. Completion	n Date (1	1)		Name of OSHA Monito B & G Restoratio						.var
03/12/2015		03/1	13/2015				Street Address						14
Occupancy Status D							105 Ryerson Roa	ad	v * 1				
Facility closed	/vacated during	entire perio	od of abaten	nent.			City, State, Zip Code		Et.				
Abatement pe Describe: St	art: 3:30 p.m	oi normai	racility riours				LincolnPark, NJ	07035					
Other-Describ												-	
Scope of Work (che		) Renovatio				П	Full Containment w/nega	tive pressure	☐ Gloveb	nag ni	ncedi	ıre	
	X					1000	Mini-enclosure	itivo procouro	☐ Non-fr				
>3 sf or >3 lf		≥160 sf or	>260 If n normally u	sed solely	vl		VIIII GIIGIGGAIG			R	R	E	T-
Location of asbestos-con	taining	by mainte	enance/custo			tion of a	asbestos-containing	Amount	*	e m	e p	n	E n
material to be		staff(12)			material			(Specify LF)	SF or	0	a	a	C
abated in faci	lity (13)	Yes	No	N/A						v e	i r	p .	
1st Fl.corridor, b		elbow ins			3-5 elbo			X					
corridor & bathro		elbow insu	ulatior	1	100 elbo	ows	H		X	빞			
						*				1	H	片	H
					<u> </u>					ዙ	片	H	H
Registered Waste H	auler	NIDI	EP Hauler II	)#   C	ubic Yards of	Waste	Name of Registered L	l andfill				<u> </u>	1
B & G Restorat			19563		1/2		Tullytown R	Resource & F	Recovery	Cen	ter		
City, State	11			Disposal I	Date 113/2015		City, State Tullytown, P	PA					
Lincoln Park, N		Title			Signature		1		Date			3	2
Completed by (Print		Title	ry/Treasu	rer	Oignature		Gordana Luna		03/12	2/20	15		

State of NJ Notification of Asbestos Abatement (Pyrsuant to NJAC 8:60-7 and 12:120-7) Check # 7110 \*ADDITIONAL FOOTAGES\*\*\* 2015-26 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) Atlantic Health System 10 13 1/11 12 1/11 15 1 Street Address Type Notification Agencies Notified 100 Madison Avenue EPA Initial City, State, Zip Code DEP Morristown, NJ 07960 Telephone Number Amendment X DOL Name of Contact X DOH Cancellation Peter Palmer ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Morristown Medical Center, Franklin Building Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age # of Floors Street Address Square Feet 100 Madison Avenue, County Code (7) Current Use (Prior if being demolished) County (6) (State use only) City (5) Hospital Morris Name of Abatement Contractor (9) Morristown ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. 0145 T&M Associates Street Address 105 Ryerson Road Street Address City, State, Zip Code 11 Tindall Road Lincoln Park, NJ 07035 City, State, Zip Code License Number Middletown, NJ 07748 Telephone Number 00378 (973)696-6869 Phone Number Project Manager for Monitoring Firm 732-676-4000 Name of OSHA Monitor Kevin Burns B & G Restoration, Inc. Sched. Completion Date (11) Scheduled Start Date (10) Street Address 03/30/2015 105 Ryerson Road 03/06/2015 Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Other-Describe: work shift 4:00pm - 12:30am Glovebag procedure Full Containment w/negative pressure Scope of Work (check all that apply) Non-friable procedure ▼ Renovation Demolition Mini-enclosure 150 sf or >260 lf

□ . 2 - f or > 3 lf	¥ ≥160 sf o	r ≥260 lf				e l	R e	E
>3 sf or >3 lf  Location of asbestos-containing	I le lecation	on normally utenance/cust	ised solely odial	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	m o v	p a i	c a p
material to be abated in facility (13)	Yes	No	N/A	floor tile & mastic	195 sf	e X	自	H
Courier Room Franklin 1 Conference Ro	om***		X	floor tile & mastic***  pipe insulation / pipe fittings***	330 sf*** 20 lf / 5 fittings	N	苣	冒
Frai lin 3 New Waiting R	oom**		×	pipe msdiadem p-p		岩	世	世
Table and Waste Hauler	N.	JDEP Hauler	ID# C	Cubic Yards of Waste Name of Registered L	andfill lesource & Recovery	/ Cer	iter	

10 yds

03/17/2015

Signature

Tullytown, PA

Gordana Luna

Date

03/12/2015

Disposal Date

19563

Secretary/Treasurer

Registered Waste Hauler

Lincoln Park, NJ

Gordana Luna

City, State

B & G Restoration, Inc.

Completed by (Print or Type)

# Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 7090 2015-26 B&G Name of Building Owner/Operator (2) Date of Notification (1) Atlantic Health System 10 12 1/12 10 1/11 15 1 Street Address Type Notification Agencies Notified 100 Madison Avenue T EPA Initial City, State, Zip Code DEP Morristown, NJ 07960 Telephone Number Amendment X DOL Name of Contact X DOH Cancellation Peter Palmer ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Morristown Medical Center, Franklin Building Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet Street Address 100 Madison Avenue, 1st floor East wing County Code (7) Current Use (Prior if being demolished) County (6) (State use only) Hospital City (5) Name of Abatement Contractor (9) Morris Morristown ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. 0145 Street Address T&M Associates 105 Ryerson Road Street Address City, State, Zip Code 11 Tindall Road Lincoln Park, NJ 07035 License Number City, State, Zip Code Middletown, NJ 07748 Telephone Number 00378 (973)696-6869 Phone Number Project Manager for Monitoring Firm 732-676-4000 Name of OSHA Monitor B & G Restoration, Inc. Kevin Burns Sched. Completion Date (11) Scheduled Start Date (10) Street Address 03/30/2015 105 Ryerson Road 03/06/2015 Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Other-Describe: work shift 4:00pm - 12:30am Glovebag procedure Full Containment w/negative pressure Scope of Work (check all that apply) Non-friable procedure Renovation Mini-enclosure Demolition E E x ≥160 sf or ≥260 lf е е n  $\square > 3 \text{ sf or } > 3 \text{ lf}$ Is location normally used solely n Amount m p C Description of asbestos-containing (Specify SF or by maintenance/custodial 0 Location of LF) ٧ n material (ACM) asbestos-containing staff(12) e material to be N/A No X abated in facility (13) Yes 195 sf floor tile & mastic Courier Room Name of Registered Landfill Tullytown Resource & Recovery Center Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler 4 vds 19563 B & G Restoration, Inc. Disposal Date Tullytown, PA 03/09/2015 City, State Date Lincoln Park, NJ Gordana Luna 02/20/2015 Signature Title Completed by (Print or Type) Secretary/Treasurer Gordana Luna

CK 3219

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1 1 5		ji-	1	-
				200

Date of Notification (1) 03/10/15					Name of Building Owner/Operator (2) BROOKSTONE MANAGEMENT												
Agencies Notified	Type Notifi	cation		1	Street Ad 1970 S		HMOR	E AVE	NUE,	SUITE 5	9 -		A. A.	4	~ .		
DEP DOL	Amen Amen	dment #_				te, Zip Co VOOD,		701		2				7	R1,		
DOH DCA	justific	gency (in cation) ellation	cluding	100	Name of DOV S	Contact PITZER	?	-			Tele	phone!	Mumbo				
					FACIL	LITY INFO	RMATI	ION			•				10000		
Name of Facility Where	Abatement is	Taking	Place (3	)					Туре	of Facility (4	)						
Street Address 911 FRANKLIN TE	RRACE								×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Othe			uild	ings,	home	es,
City (5) ROSELLE, NJ	3									re Feet	# of 2	Floors	11	Ble	dg. A	ge	
County (6) UNION COUNTY					County C	Code (7) ISE ONLY)			Curre	nt Use (Prior ИЕ	r if beir	ng demo	olished)		10000		
Name of Monitoring Firm	Hired by Bu	ilding Ov	wner (8)		ASCM	No.				tement Cont							
Street Address								Street 6		ss DOVE CO	URT						
City, State, Zip Code										ip Code OD, NJ 08	701						
Project Manager for Mor	nitoring Firm				732				one N			Licens 1200	e No.		ener o		
Start Date (10) 03/22/15	2.	10.000	Schedule	* · · · · · · · · · · · · · · · · · · ·						HA Monitor	SSIOI	NALS					
Occupancy Status Durin	g Abatemen	(Check	Only Or	ne)	Stre					ss		Wedness.					
Facility Closed/Vac Abatement Perform	ated During	Entire Pe	eriod of A	Abatem	nent			1	territorio de	DOVE CO	URT						
Other – Describe:			ii i aciiity	rioure	,		-			OD, NJ 08	3701						
Scope of Work (Check A	All That Apply	()	Tomas		10												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demolit												a	
			le	Locati	ion	0231142 - XXXXII D					()					ment	1
Location	n of		1	Vormal	ly		De	scription	of				_	_	Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Ity	CM)	Ma Cus	ed Sole intena todial s (12)	nce/ Staff?		tos Con thermal surfa	taining M I systems icing, VA miscellan	laterial s insula T, or		(S	nount pecify or LF)	Kellioval	Domous	Repair	Encapsulate	Enclosure
EXTER	IOB		Yes	No	N/A			SIDING	0	**	10	00 SF	-				
INTER						-		COMP		D .		00 SF	X	-			
INTER					-	J		OOR TI		D		0 SF	X	-			
INTER	ION	45			-		FLO	OOK II	ire			U 3F	X	-	-	-	
Name of Registered Wa	ste Hauler			IN	JDEP W	/aste	Cubic	Cubic Yards Name of Registered Landfill									
NEWARK CARTING			4	1													
City, State NEWARK, NJ	8				Disposal Date 03/25/15												
Completed by JOSEPH PERLSTE	IN		Title OWN	IER			8	Signature	Date 03/10/15								

NECESE

Date of Notification (1) 03/10/15			Name of Building Owner/Operator (2) BROOKSTONE MANAGEMENT													
Agencies Notified	Type Notification			Street A 1970 S		НМОР	RE AVE	NUE	, SUITE 5			7				
DEP X DOL	Amended Amendment				ite, Zip Co NOOD,		701	1777	3							
Ď DOH DCA	Emergency ( justification) Cancellation	including			f Contact	3				Tele	nhone	Mumb	er		4	
				FACI	LITY INFO	ORMAT	ION									
Name of Facility Where	Abatement is Taking	Place (3)						Туре	e of Facility (4	)						
Street Address								A	School (K-12 Subchapter 8		er than I	K-12)				
2801 FIRE ROAD City (5)								×	Other (i.e. pri etc.) are Feet			ercial				es,
EGG HARBOR TO	WNSHIP, NJ	150 220 20 2						120	0		Floors			ldg. A	\ge	
County (6) ATLANTIC COUNT	Υ				Code (7) USE ONLY			Curr	ent Use (Prior ME	if bei	ng demo	olishe	d)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	No.				atement Cont D PROFES							
Street Address							Street 6 Wh		ess DOVE CO	URT			-			
City, State, Zip Code			7/2						Zip Code	701						ě.
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph 732-	none N	No.		Licens	e No.				
Start Date (10) 03/22/15		Scheduled 03/22/15		npletion I		Name	of OS	SHA Monitor D PROFES	OISS							
Occupancy Status Durin	g Ahatement (Chec		Š.	200000							17 120	_		_		
➤ Facility Closed/Vac	ated During Entire F	eriod of Ab	atem	atement 6 W				HITE	DOVE CO	URT	88					
Abatement Perform Other – Describe:		al Facility F	Hours	-		_			Zip Code OOD, NJ 08	701						
Scope of Work (Check A	II That Apply)						223	459								
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf	16.1	processors.	nova moliti	vation lition					ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure						
		le I	ocati	on					on anomptou	/ / 4.10	2 1 1 0 11 1	III		2515 101	ement	
Location	n of	No	rmall	ly		De	escription	of							ре	
Asbestos-Containing		Used	Sole			tos Cor	taining N	//ateria		Aı	mount				Ш	
TO BE AB In Facil		Custo	dial S		(i.e.		I systemacing, VA		lation,		pecify or LF)		Ren	Re	nca	Enc
(13)			(12)		2		miscellar		)		OI LI )		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									=		ate	ſe
EXTER	IOR					;	SIDING	i		150	00 SF		Х			
Name of Registered Was	ste Hauler		1000000	JDEP W		Cubic	Yards		Name of R	egiste	red Lan	dfill				
NEWARK CARTING	9			auler ID 1509	No.	of Waste			IESI							
City, State NEWARK, NJ						Dispo	sal Date	Š	City, State BETHLE	HEM	PA					
Completed by JOSEPH PERLSTE	IN	Title OWNE	ER Signature									Date 03/		5		



Date of Notification (1) 3 - 12 -	15		Name o	PH	Owner/O	perator (2)	uction	i LL	$\subset$			
Agencies Notified Type Notification	-		Street A	ddress 2	02	0.0		- AUE				
□ EPA 🐹 Initial					$/$ $\sqrt{\alpha}$	, 1.70	1515	MUC				
□ DEP □ Amended			City, Sta	ite, Zip Co	de	1	91	A 15T	1-	1 -	,	75
DOL Amendment				5	DRIN	19 La	ike.	NJ	07.7	60	_	
DOH Emergency (ii	ncluaing	П	Name o	Contact	_	9		Telephone	Number			
□ DCA □ Cancellation			Ar	Idrea	2	lome	2				• ^ -	
			FACI	LITY INFO	-	N			- 1	ner <sup>()</sup>		
Name of Facility Where Abatement is Taking			(	1/	1	Тур	oe of Facility	(4)	ರು 3	anger Libra	- 7	45
Dingle family	Duc	llin	9 1	Vac	ant,	)   -	School (K-	12)		1	-	-
Street Address		<u> </u>	)		141		Subchapte	8 (Other than	K-12)		· ·	54
405 Churc	h :	170	ree-	t			_`Other (i.e. ) etc.)	private & comm	ercial buil	dings,	home	es,
City (5)		_				Sa	uare Feet	# of Floors	- C   E	Bldg. A	ae	
Doring Lake	. N	1	" ()	776	2			1	- =	Ø,	0 1	
County (6)				Code (7)		Cu	rrent Use (Pri	or if being demo	olished)			rac r
Monmouth	.3			USE ONLY)				family			inc	
Name of Monitoring Firm Hired by Building O	wner (8)		ASCA	I No. a		Name of A	batement Co	otractor (9)	Da	(46	7	
	09-1	L	7,001	M/A		E	P T		200	e	F	
Street Address	316	2		7		Street Add	C 16	thaol	Belie.	3	LI	16
BA BAY 3	IZ					DA		232	•		,	
Chi State 75 Code						City State		35 +				
City, State, Zip Code	A/ N		2	53	3	City State	Zip Code	AL Al	TA	04	72	2
TACO E TABL	MA	, ,	99	<u> </u>	9	IAGE	BAY	DT IN	JU	0		2
Project Manager for Monitoring Firm			Telepho		221	Telephone		Licens	e No.	20	U	
True Jeven Ken	5			7 <i>5</i> 8-3	3565		8-334	シ (	JU.	7	7	
Start Date (10)		_	-	Date (11)			SHA Monitor	. 1				
3-23-15	$\sim$	200000000000000000000000000000000000000	-/5	)		<u> </u>	C lec	hnologic	es L	nc		
Occupancy Status During Abatement (Check	Only On	e)				Street Add		777	1.0			-
Facility Closed/Vacated During Entire P					1		. Box	201				
☐ Abatement Performed Outside of Norma ☐ Other – Describe:	al Facility	Hours	١.,			City, State,			~30000000000	_		
						Ivew	Egypt	M	08	53	3	
Scope of Work (Check All That Apply)							. (.					
≥3 sf or ≥3 lf		enovat						ent with Negativ	ve Pressu	re		
☐ ≥160 sf or ≥260 lf	<b>∠</b> □	emoliti	on				Vini-Enclosur					
							Slovebag Pro Non-Exempte	cedure d (*) and Non-F	riable Pro	cedur	e	
	T									November 1880	ement	
1 2 2		Location Lormali				-1-11				Ту	ре	
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by	Ashes		cription of aining Mater	ial (ACM)	Amount			_	
TO BE ABATED	1.0000000000000000000000000000000000000	ntenan odial S			thermal s	systems ins	ulation,	(Specify	R	70	nc	E
In Facility	Cusi	(12)	tall?			ing, VAT, or		SF or LF)	Removal	Repair	aps	Enclosure
(13)	<u></u>				otner m	iscellaneou	S)		val	=	Encapsulate	ure
	Yes	No	N/A								Θ	
Master Bedroom		X	100	Wall	toard	Sout	Compound	80	LFX			
1,00			X		٨	(aul	0	15	V			
exterior Window			X		dan			10	- 12	-		
Basement	X			TRUI		- Pip		14 LF	- X	-		
ROOf (FRONT)			X		nsite		e		FX	L		
Name of Registered Waste Haulér			JDEP Wauler ID		Cubic \ of Was		Name of	Registered Lan	dfill			
EPC Technologies		1	1.70		UI VVAS	6	Was	e Manag	emer	4	c P	Ai
City, State			1/0	50	Disposi		_ City, Stat	e	3.101	- 0	- 1	-
	VJ.	ν.				27-15		isville	PA			
Completed by	Title	- 10				gnature	0	1	Date	700000	-	
Steve Schenker		side	+		(	STans	JSOK.		3	-12	-15	0

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notificatio	n (1)		Name of Building Owner/Operator (2)  Janet Sinnott								
3-9-15			Janet	Sinn	ott		1.3 (	- L.	of free	U	
Agencies Notified	Type Notific	ation	Street Add	ress			DETE NIN				
[ ]EPA	[X]Initial	ACT 185	10 Flo	renc	e Place		2815 HAR	16 A	H I	: 4 8	3
[ ]DEP	Notific	cation	City, Stat	e, Zip	Code		5 400	(C) (S)			
[X]DOL	[ ]Amended Notific	ration	West C	rang	e, NJ 0705	52	13/18/	CLAS	HI	ROL	
[X]DOH			Name of Co	ntact		Telepho	De Mimpo-	171 18 71	1.	-	
[ ]DCA	[ ]EMERGENO		Janet	Sinn	ott	-	, 263-6	±02			
	[ ]Cancerra	CLOII	FAC	ILITY	INFORMATION						
Name of Facility Wh	ere Abatement	is Taki	ng Place (3	3)		Type of Facil	Lity (4)				
Same as above	<b>à</b>					[ ]School	(K-12)				
Street Addres						[X]Other	oter 8 (Othe (i.e., priva ouildings, h	te & co	ommer	-	
						Square Feet	# of Floo		dq.		
City (5	× 1	County	(6) Essex		inty Code (7)	1			- 5	-5-	
				(SI	TATE USE ONLY)	Current Use	(Prior if be	ing der	nolis	hed	)
Name of Monitoring	Firm hired by	Buildin	g ASCM No		Name of Abate	ment Contracto	or (9)				
Owner (8) N/A						MANAGEMENT					
Street Address					Street Addres						
<u> </u>					86 Chris	topher St	•				
City, State, Zip Co	de				City, State, Montclai	Zip Code .r, NJ 070	42				
Project Manager for	Monitoring Fi	irm Te	lephone Num	ber	Telephone Num	ber	Ī	icense	Numb	er	
		N	/A		(973) 744	-8800		0037	1		
Scheduled Start Dat	(2.2)	277.5	letion Date	(11)	Name of OSHA	Monitor		100	-		
3-17-1 Month Day			-19-15		N/A						
Occupancy Status Du	ring Abatement	(Check	Day Yea only one)		Street Addres	s					
[X] Facility Clo of Abatemer		uring Er	ntire Period								
[ ]Abatement Pe	erformed Outsi			ity	City, State,	Zip Code					
Hours - Desc []other - Desc	ribe: «OffHour cribe: «Other O					20000 - 10000 - 2000 -					
Scope of Work (Chec					Ш		-				
[X]>3 sf or	\3 1£	r	X]Renovatio			Containment wi	th Negative	Pressu	ire		
[ ]≥160 sf			]Demolitic			Enclosure bag Procedure					
			Is		[ ]Non-F	riable Procedu	ire				
Location	n of		Location		Descriptio	n of		Aba	temer	at I	уре
Asbestos-Co	Printed the Communication of t	1	Used Used		Asbestos-Con	taining	Amount	R	R	N C	NC
Material TO BE AB		E	Solely By Main-		Material ( (i.e., thermal		(Specify	M	E	A P	L O
In Faci			enance/ ustodial	in	sulation, surfa		LF)	V	AI	S	S
(13)			aff (12)	_	or other misce:	llaneous)	93	A L	R	L	U R
Basement		ies	No N/A		e Insulat	ion	130 lf	X		-	E
		1			200 22				-		
					7						
Name of Registered			DEP Waste	F-1753	bic Yards	Name of Regi	stered Land	fill			_
AZTECH MANAG	EMENT, IN		auler ID No 7040	. of	Waste 1.5	G.R.O.W.	S.				
City, State				100000000000000000000000000000000000000	sposal Date	City, State	\$1257550 \$10000-00	5445000000000			
Montclair, NJ	3-20-15 Morrisville, PA 19067										
Completed By (Print or Type) Title					Signature	I		Date			
Constantine V	ivian Pr	eside	ent			Man		3-9	-15		

CK 1977

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

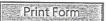
RESELVEL

Date of Notification (1) March 11, 2015	Name of Building Owner/Operator (2) Vornado Realty Trust  2015 HAR 16 AH 1: 46															
Agencies Notified Type N	otification			Street A	ddress oute 4 E	ast										
DEP Ar	tial nended nendment #		_	City, Sta	ite, Zip Co ius, NJ (	de				SI	105 101	\$ 5 t	V.	13.31		
DOH jus	nergency (ir stification) ancellation	ncluaing		David						Tele	nhone	Num -	ber			
N	() T-1:	DI (0	,	FACI	LITY INFO	DRMATI	ON	-	c=							
Name of Facility Where Abateme Texas Roadhouse	nt is Taking	Place (3	)					_	of Facility (4)							
Street Address 1258 U.S. Highway 22, Un	its 1256,	1258 a	nd 12	260				S ×	chool (K-12 ubchapter 8 other (i.e. pri tc.)	(Othe				dings,	home	es,
City (5) North Plainfield								Square 8230	1	# of 1	Floors		В	ldg. A	ge	
County (6) Somerset					Code (7) USE ONLY)			Curren	it Use (Prior nt	if bein	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Sky Environmental Service		wner (8)		ASCN	l No.				ement Contr oction Cor							
Street Address 140 Boulevard								Address Watch	s ung Aven	ue						
City, State, Zip Code Mountain Lakes, NJ 07046	3							State, Zip t Oranç	Code ge, NJ 07	052						
Project Manager for Monitoring Fi Leonid Shereshevsky		Telephor 973-58	ne No. 38-4821		1.0000000000000000000000000000000000000	none No. 669-29			Licens 0123							
*Start Date (10) March 13, 2015	Start Date (10) Schedule									ies G	lobal	Inc.				
Occupancy Status During Abatem	nent (Check	Only On	e)				Street	Address	5						_	
Facility Closed/Vacated Duri Abatement Performed Outside	ng Entire Pe	eriod of A	baten	nent			W Ca	ry Street								
Other – Describe:								VA. 2322	20							
Scope of Work (Check All That Ap	oply)	America .						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		ls	Locati	ion				11011	- LXOIIIptou	Juna	110111	III		Abate	ment	
Location of		l N	lormal d Sole	ly			scription					-	_	Ту	ре	
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Mai	intena odial 8 (12)	nce/		thermal surfa				(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
- 15		Yes	No	N/A								_			Ф	
Front Doors X							r caulk				OLF	_	X			
Exterior Window Units X						windo	w cau	lking		30	00LF		X			
Name of Registered Waste Haule	r		I N	JDEP W	aste	Cubic Yards Name of Registered Landfill										
Be Construction Corporatio			10000	lauler ID		of Waste Tullytown Facility										
City, State West Orange, NJ 07052						Dispos	sal Date		City, State Tullytowr	n, PA						
Completed by Barbara Reed	Title					S	ignature	2								

(K 13'199

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) March 11, 2015		Name of Building Owner/Operator (2) Toll Brothers, Inc.										
Agencies Notified Type Notification  EPA Initial			Address Spotswo	od/En	glishto	wn Road			-			
DEP Amended Amendment			ate, Zip Coo oe Towns		J 0883	1				- /		
DOH DCA Emergency (i justification) Cancellation	ncluding	110000000000000000000000000000000000000	of Contact Kurree				:   Te	lephone N	umher	L		
		FAC	ILITY INFO	RMATI	ON							
Name of Facility Where Abatement is Taking Former Lucent Technologies Bldgs	Place (3) #8 Wave	Bldg. &	Bldg 13	*			I (K-12)					
Street Address 101 Crawfords Corner Road							apter 8 (Oth (i.e. private			dings	, hom	es,
City (5) Holdmel	137 -					Square Fee 5600	t # c	f Floors		31dg. <i>A</i> 35	\ge	
County (6) Monmouth			Code (7) USE ONLY)	_		Current Use Abandor	e (Prior if be led Tech.	ing demol & Chem	ished) nical St	orag	e Blo	dgs.
Name of Monitoring Firm Hired by Building C Air Consulting Services, LLC	Owner (8)	ASC	M No.			of Abatemer hing Touc			ment	-22		
Street Address 301 East Ward Avenue						Address Broadway	Unit A	•				
City, State, Zip Code Hightstown, NJ 08520					City, S	tate, Zip Coo Branch, I	le NJ 07740					
Project Manager for Monitoring Firm David Kichula		Teleph	one No.			one No. 222-8372		License	No.			
Start Date (10) 3/12/15	Scheduled 0 3/20/15	Completion	Date (11)		Name N/A	of OSHA Mo	nitor					
Occupancy Status During Abatement (Check	(Only One)				Street	Address						-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Abandoned	eriod of Aba	tement				tate, Zip Coo	е					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			<u> </u>	Mini-Enc	ainment with osure Procedure mpted (*) ar				_	
	1					1 MOH-EXE	Tipled ( ) ai	IU NOII-I II	able Fit		emeni	+
Location of	227,000,000	cation nally		Dos	scription	of					ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custodi	olely by nance/ al Staff? 2)		os Cont thermal surfac	aining M	laterial (ACN insulation, T, or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	lo N/A									Ф	
Debris on Floor & (MASTIC)		X			VAT		1	25SF	Х			
BLDG 12 ROOF MASTIC			SUF	RFACIN	NG		30SF	Х				
None of Decide and Market Harles		NIDED I										
Name of Registered Waste Hauler FTAA	NJDEP Waste Cubic Hauler ID No. of Wa. 1258 2		of Was			ne of Registe R.O.W.S.	ered Land	nill				
City, State OCEANPORT, NJ		Disposal Date			City MC	State PRRISVIL	L, P>					
Completed by JOSEPH P. MILLER	DENT		S	ionature	g uni	ture	- 0	Date 3/11/1	5			



#### CK 10595

0	-	100	114				
8 :	-	1.		2	1 2	, may	IFI.
		1	No. of	7	3	-	1

Date of Notification (1)	Name of Building Owner/Operator (2) ARD Hamilton LLC Street Address													
Agencies Notified	Type Notification		- 1	Street A	ddress Narren A	venue			ASS	Farno	e e	1 1:	-6	
EPA DEP DOL	Initial Amended Amendment	<b>#</b>			ate, Zip Coo owbrook,		146		ú	E9709	V.114	G	OI.	
DOH DCA	Emergency (injustification) Cancellation			Name o	f Contact Abrams	177700			Te	enhone M				
	Carlcellation				LITY INFO	RMATIO	N		i		_50			
Name of Facility Where Hamilton Square	Abatement is Taking	Place (3)		. , , , ,		/ (III/A 110	1	Type of Facility	/ (4)					
Street Address								School (K						
1700 Nottingham V	Vay							Other (i.e etc.)	er o (Otri	er than K-1 & commerc	ial bui	ldings	, hom	ies,
City (5) Hamilton								Square Feet 195,000	# 0	f Floors		3ldg. /	Age	
County (6) Mercer				County	Code (7) USE ONLY)		_	Current Use (F	- 1	ng demolis				
Name of Monitoring Firm		wner (8)		ASCN	85		Name o	of Abatement C	ontractor	(9)				
Finog Environment	al						Allian	ce Environn	nental S	Systems,	Inc.			
617 Stokes Rd.								Address ast Union S	t.					
City, State, Zip Code Medford NJ 08055								ate, Zip Code Chester, PA	19382					
Project Manager for Mor Mark Rubnitz							Telepho 610-7	one No. 01-9000		License 1	No.			
Start Date (10) 3/23/15		Scheduled 6/15/15	d Completion Date (11) Name of					f OSHA Monito Environmer	j.					
Occupancy Status Durin	g Abatement (Check	Only One)						ddress	rtai		-0.0			
☑ Facility Closed/Vac	ated During Entire P	eriod of Aba	atem	ent		- 1	tokes Rd.							
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility H	ours					ate, Zip Code ord, NJ 0805	55					
Scope of Work (Check A	II That Apply)	7												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat	100000				Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				·e	
		Is Lo	ocatio	n								Abat	ement	t
Location		Nor Used S	mally				ription o				-	Ty	/pe	
Asbestos-Containing TO BE AB	ATED	Maint	enan	ce/		hermal sy	ystems	aterial (ACM) insulation,	1100	mount specify	Z.		Enc	m m
In Facil			12)	lall!		surfacin other mis			SF.	or LF)	Remova	Repair	apsi	Enclosure
		Yes I	No	N/A		outer time	Joonan C	.000)			val	=-	Encapsulate	ure
roof				Х		Built up	p roofi	ing	195,	000 SF	X			
Roof deemed uns	oof deemed unsafe to work on					See a	ttache	ed			1			
by engineering	gineering company				Build	ing will l	be de	molished						
					witho	out remo	oving	roof first						
Name of Registered Was			1 8000	DEP W	50000000	Cubic Ya		Name o	f Registe	red Landfil	li e			
Waste Management	of Camden		Hauler ID No. of Waste 17273 1000				Grows	Landfi	11					
City, State Camden, NJ						Disposal Date City, State Various Falls Township, PA								
Completed by Robert M. Casciato		Title Preside	nt			Signature Date 3/8/15								

EMENT		O.C.	
20)	1	10010	12000
		MILL	10100

[ 5 / 4 / 15 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /						- Chi	1	1	J	(	けて		
Date of Notification (1) 3/11/15			of Building Commi				ar is	# (£)	1. 7	1.			
Agencies Notified Type Notification  X EPA X Initial			Address aramus F	Road		4 - 42	Ų,	Ę.					
DEP Amended Amendment #			ate, Zip Coo nus, NJ(				. 1, 1, 1		-				111
DOH Emergency (i justification)  DCA Cancellation	ncluding	Name o	of Contact				Te	ephone	Numb	or			
		FAC	ILITY INFO	RMATION	1								
Name of Facility Where Abatement is Taking Bergen Community College Street Address	Place (3)					Type of Facility  School (K-	12)		IZ 40\				
400 Paramus Road				-		Subchapte Other (i.e. etc.)	private	& comm	ercial	buik	dings,	hom	es,
City (5) Paramus						Square Feet 1000	# 0	f Floors			ldg. A	ge	
County (6) Bergen		County (STATE	Code (7) USE ONLY)			Current Use (Pr	ior if be	ing dem	olishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	M No.			of Abatement Co Environment			LC				
Street Address		•		1 22		Address ate Drive, Po	Э Вох	483					
City, State, Zip Code						ate, Zip Code vood, NJ 07	418						
Project Manager for Monitoring Firm		Telepho	ne No.	4000		one No.		Licens	e No.				
	Scheduled C 4/21/15					of OSHA Monitor							
Occupancy Status During Abatement (Check	Only One)			St	treet /	Address							
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Abat al Facility Ho	ement urs		Ci	ity, St	ate, Zip Code							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Reno	vation			×	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure					2	
	Is Loc	ation				THE EXOTIPIE	74 ( ) 411	4 14011 1	Trable			ment	
Location of	Norm	ally	100	Descrip	ntion	nf				_	Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	nance/ I Staff? ?)	(i.e. t	s Containi	ing Ma stems g, VAT	aterial (ACM) insulation, , oris,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Science Bldg - S150						on		3 LF	×				
Name of Registered Waste Hauler		NJDEP W	/aste	Cubic Yar	rds	Name of	Registe	red Lan	dfill				
Freehold Cartage	200	Hauler ID No. of Waste TBD				TBD	eran nen <del>d</del> ente (194						
City, State Freehold, NJ				Disposal Date City, State TBD									
Completed by A. Scott Higgins	Title Presiden	t		Signa	Signature Date 3/11/15								

	t	1	7.73	-		
/	7	In a	10	4-	35	03
		M	X.	1		<u></u>

Date of Notification (1)		Name	of Buildina	Owner/O	perator	(2)	ULK	_ \ _			<i>_</i> }_	
3/11/15		Name of Building Owner/Operator (2) Ron Shacham										
Agencies Notified  Type Notificat  I Initial		Street Address 50 Ridge Road										
DEP Amende Amendm		City, State, Zip Code Passaic NJ										
DOH justificati		Name of Contact Ron Shacham										
		FAC	CILITY INF	ORMATIC	ON							
Name of Facility Where Abatement is Ta house	king Place (3)					Type of Facility	r veta					
Street Address 50 RidgeRoad						Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes,						
City (5) Passaic						Square Feet 2800	# of F	loors	1000	Bldg. /	Age	
County (6) Passaic	7.5	County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Buildi	na Owner (8)				Namo	of Abotomont Co.	atrastar (O	21				
	ing Owner (6)	ASC	ABS			ne of Abatement Contractor (9) S Environmental Services, LLC						
Street Address						et Address Gate Drive, PO Box 483						
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418								
Project Manager for Monitoring Firm	Teleph				ohone No. License No583-8500 703							
Start Date (10) 3/23/15	Scheduled 4/21/15	Scheduled Completion Date (11) 4/21/15			Name of OSHA Monitor							
Occupancy Status During Abatement (C		Stree			et Address							
Facility Closed/Vacated During Ent Abatement Performed Outside of N	atement	ment			State, Zip Code							
Other – Describe:				_								
Scope of Work (Check All That Apply)	_											
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	≥3 sf or ≥3 lf				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	cation	ally			2 Non-Exemple	a ( ) and i	NOTE HAL	1	Abatement			
Location of	mally				cription of				Туре			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod (*	Solely by enance/ ial Staff? 12)	Asbestos Containing M (i.e. thermal systems surfacing, VA other miscellar		Material (ACM) s insulation, AT, or		Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure	
basamant	Yes 1	No N/A				,	0.50		-			
basement		×		pipe i	nsulat	tion	250	LF	Х			
Name of David												
Name of Registered Waste Hauler Freehold Cartage		Hauler ID No.		of Wast		Name of Registered Landfill TBD						
City, State Freehold, NJ				Disposa TBD	al Date	City, State	9					
Completed by A. Scott Higgins Title Presiden			Signa			gnature			Date 3/11/15			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 3/09/15					Building (	Owner/C	perator	(2)	Ź	Els	鎬R I E	. ,				
Agencies Notified	Type Notification	9	- 1	Street A	ddress sch Lan	ο				S To to		2 - 2	14	1 0	E.	
× EPA × DEP × DOL	Initial Amended Amendment #	ŧ		City, Sta	ite, Zip Co	de				-	LICE	* .		ħij	T C	
■ DOH DCA	Emergency (in justification) Cancellation	ncluding		Name of	f Contact ohlman					Tel	ephone N	Numb	er			
				FACI	LITY INFO	RMATI	ON									
Name of Facility Where A	Abatement is Taking	Place (3)						-	of Facility (4 School (K-12							
Street Address 107 Sylvester Ave		YI							Subchapter ( Other (i.e. pretc.)	8 (Oth			build	dings,	home	es,
City (5) Hawthorne									re Feet	# o	f Floors		882.0	ldg. A	ge	
County (6) Passaic					Code (7) USE ONLY)			Curre N/A	nt Use (Prio	r if bei	ng demol	lishe	d)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	l No.				tement Cont ement, Inc		(9)					
Street Address							Addres	ss gren Aven	ue							
City, State, Zip Code								ip Code J 07512								
Project Manager for Mor	nitoring Firm		Telepho	ne No.			hone No 345-8			License #0067						
Start Date (10) * 3/27/15		Schedule 3/28/15		pletion	Date (11)				HA Monitor ement, Inc	o.						
Occupancy Status Durin	g Abatement (Check	Only On	e)				Street	Addres	SS							
Facility Closed/Vac	ated During Entire P	eriod of A	batem	ent					gren Aven	ue						
Other – Describe:	Occupied	,	1000			_			J 07512							
Scope of Work (Check A	II That Apply)			4 <b>*</b> ********			Г	7					- 24 - 20 - 20 - 20 - 20 - 20 - 20 - 20	20.00		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit		\$#		2	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure						
		le	Locati	on				1100	II-Exempted	( ) an	d North	Table			ement	
Location		N	ormal d Sole	ly			scription					-		Ту	ре	_
Asbestos-Containing TO BE AB		Mai	ntenar	nce/		tos Cont thermal					mount Specify		R	_	Enc	Щ
In Faci (13)	lity	Cust	odial S (12)	staπ?		surfa	cing, VA	AT, or		SF	or LF)		Removal	Repair	Encapsulate	Enclosure
(1.5)		Yes	No	N/A		Olifori	riiociidi	neousj					/al	=	ılate	ure
basem	ent		X			pipe	insula	ation		5	0 LF	1	K			
crawl sp	Χ			pipe	insula	ation		8	7 LF	1	X					
									2000							
100 100 100 100 100 100 100 100 100 100	Registered Waste Hauler					Cubic of Wa	Yards ste		Name of F				٦^			
D&S Abatement, Inc	#4					TBD			Waste N		gement	OT I	-A			
Totowa, NJ	8					TBD	sal Date		City, State Tullytow							
Completed by Deanna Brkusanin		Title Proje	ct Ma	nager		S	Signatur	Mulu	Relive	uu.		Date 3/09		;		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 3/09/15						Building C		perator	(2)	2015 W	¢D ₁	C 814				
Agencies Notified	Type No	tification			Street Ac							5 AM	1:5	3		
EPA DED	Initi					Cedar L e, Zip Coo				ASOF	51.	0 011	ī h	í		
× EPA × DEP × DOL	Am	ended endment #_				vood, N		10		3	LIC			1.		
□ DOH     □ DCA	just	ergency (in tification) ncellation	cluding			Contact Hogenau	uer	4.00			Tele	enhone Ni				
					FACIL	ITY INFO	RMATI	ON								
Name of Facility Where House	Abatemen	t is Taking	Place (3)						_	of Facility (4						
Street Address										School (K-12 Subchapter 8	(Othe			68		
9 East Cedar Lane					90					Other (i.e. pr etc.)	ivate 8	k commerc	ial bui	ldings	, home	es,
City (5)						*			1-1-5	e Feet	C. In Section	Floors		3ldg.	Age	
Maplewood County (6)					County C	ode (7)			N/A	nt Use (Prior	N/A			N/A		
Essex						ISE ONLY)	_		N/A	iii Ose (Filoi	ii beii	ng demons	neu)			
Name of Monitoring Firm	n Hired by	Building Ov	vner (8)		ASCM	No.				tement Cont		(9)				
Street Address									Addres							
City, State, Zip Code								10.711		ren Aven	ue				-	
City, State, Zip Code								100 00000		J 07512						
Project Manager for Mo	nitoring Fir	m			Telephor	ne No.		10001170001800	none No 345-8			License I #00675				
Start Date (10) 3/26/15			Schedule 3/27/15		pletion (	Date (11)		A 150 TO 150 TO 1		HA Monitor ement, Inc	).	ŧ				
Occupancy Status Durir	ng Abatem	ent (Check	Only One	e)					Addres		60750	ı.				
Facility Closed/Vac Abatement Perform								- 000		gren Aven	ue					-
Other – Describe:		le of Norma	racilly	nours				1.5		p Code J 07512						
Scope of Work (Check /	All That Ap	ply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova				>		l Containme	nt with	Negative	Press	ure		
2160 St 0r 2260 II				emoliti	ion				Glo	ni-Enclosure ovebag Proc				2		
				37 1700				L	→ No	n-Exempted	(*) an	d Non-Fria	ible Pr		re emen	t
Locatio	n of		N.	Locati ormali	ly		De	scription	n of		88				ype	
Asbestos-Containing	g Material	(ACM)		d Sole ntenar		Asbest	os Con	taining N	Material	(ACM)		mount			四四	m
TO BE AE			Cust	odial S (12)	Staff?	(i.e.	surfa	system cing, VA	AT, or	ation,		Specify or LF)	Remova	Repair	caps	Enclosure
(13)	)				Т		other i	miscella	neous)				oval	air	Encapsulate	sure
			Yes	No	N/A	VA 185	0.73									
basen	nent			X			pipe	insula	ation		1	5 LF	X			_
													-	-		_
t					-										-	-
Name of Registered Wa	seto Haulor			l N	JDEP W	lasto	Cubic	Yards		Name of F	Panista	ared Landf	ill			
D&S Abatement, In				Н	lauler ID 20996		of Wa			Waste N						
City, State Totowa, NJ						il	Dispo	sal Date	9	City, State Tullytow		Ą				
Completed by			Title	ot NA-	noace		15	Signatur		7/1	7	`   _	ate 8/09/1	5		
Deanna Brkusanin			Froje	CL IVIE	anager			PV	elle	While	ua	en	1031	J		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVE

Date of Notification (1) 3/09/15		Name of David	Building O	wner/O	perator (	(2)	SPIE WA		*ice	a.f			
1 ST. M. S. C. W. C.		Street A	2 1000000000000000000000000000000000000				CELT NE	P 16	Als L				
Agencies Notified Type Notification  EPA Initial			ender Av	enue		1	458Fc		AH 1:	29			
X DEP Amended X DOL Amendment #_		CONTRACTOR OF THE CONTRACTOR	ite, Zip Cod e Park, N		04		31	DE H	CUNTR SHIP	01			
Emergency (inclination)  DOA   Justification    Cancellation	uding	Name of David	Contact Fiallo					Teler	nhone Num				
		FACI	LITY INFO	RMATIC	ON								
Name of Facility Where Abatement is Taking Pl. House	ace (3)					Type of	f Facility (4)						
Street Address							chool (K-12)		r than K-12)				
128 Bender Avenue							ther (i.e. pri		commercia		lings,	home	s,
City (5)						Square			Floors	В	ldg. A	ge	
Roselle Park						N/A		N/A			/A		
County (6) Union			Code (7) USE ONLY)		_	Current N/A	t Use (Prior	if bein	g demolishe	ed)			
Name of Monitoring Firm Hired by Building Own N/A	ner (8)	ASCN	/ No.				ment Contr		9)				
Street Address					Street	Address							
							en Avenu	ie .					
City, State, Zip Code						tate, Zip wa, NJ	Code 07512						
Project Manager for Monitoring Firm		Telepho	ne No.			one No. 345-86			License No #00675	).			
	cheduled C	ompletion	Date (11)				A Monitor ment, Inc						
Occupancy Status During Abatement (Check O	nly One)				Street	Address	1						
Facility Closed/Vacated During Entire Peri					_ WW. EX		en Avent	ıe					
Abatement Performed Outside of Normal I  Other – Describe: Occupied	Facility Hou	ILS		_		tate, Zip wa N.I	Code 07512						
Scope of Work (Check All That Apply)					1010	,,,,,,	01012	17.7					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	Reno	vation olition			×	Mini-	Containmer -Enclosure rebag Proce		Negative P	ressu	re		
						- 0.00	-Exempted	(*) and	Non-Friabl	e Pro	cedur	е	
	Is Loc	ation										ement	
Location of	Norm Used So				scription						1 9	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainter	nance/			taining N systems				nount pecify	R	71	Enc	En
In Facility	Custodia (12		,	surfa	cing, VA niscellar	T, or		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes N		- i	other	HISCHIAI	leous)				val	=	ılate	ure
basement	Yes N			pipe	insula	tion		15	5 LF	X			
basement	X	_		7,70	pipes				0 LF			X	
garage	X			pipe	insula	tion			LF	X			
crawl space floor	X				debris				5 SF	X		Х	
Name of Registered Waste Hauler		NJDEP Waste Cubic Ya					Name of R	Register	red Landfill				
D&S Abatement, Inc.		Hauler ID No. of Waste TBD							gement of	PA			
City, State Totowa, NJ		V		sal Date	)	City, State Tullytow		L <sub>i</sub>					
Completed by Deanna Brkusanin	Title Project I	Manager		5	Signature	llell	ua/R	lea	Da 3/0	te 09/1:	5		

<u> </u>					7. T- 11-11-11			OF	F	-			
Date of Notification ( 3/6/15			Name of Some	f Building rset Ra	Owner/Caritan V	operator alley	<sup>(2)</sup> Sewerage Au	uthori	ty				
Agencies Notified Type Notificatio	n		Street A 50 Polhe		e					12	٠.		
X DOL X Amended Amendmen	t# 1		City, Sta	ate, Zip C	ode Bri	idgewate	er, N.J.08807	WF.			- 1		
Emergence	y (including		Name of (	Contact	Chanuin	Illan		Tal	lanhana Ni				
DCA justification Cancellation			varile or v	Joniaci	SHEIWIII	Olep		1	lenhone Ni	ımper			
name of Facility Where Abatement is Taki	na Place (3	3)	FACI	LITY INF	ORMAT	ION	Type of Facility	(4)					
Somerset Raritan Valley Sewerage au		7					School (K-						
Street Address							Subchapte X Other (i.e.				ouilding	js, ho	mes,
50 Polhemus Lane City (5)							etc.)	- 1			<b>5</b>		
Bridgewater, N.J.							Square Feet N/a	# 0	f Floors		Bldg.	Age	
County (6) Somerset			County (	Code (7) USE ONLY	0		Current Use (Pri incinerator and p	or if bei	ng demolis nks	shed)			
Name of Monitoring Firm Hired by Building USA Environmental Managem	Owner (8) ent Inc.	)	ASCN 00112			Name Trico	of Abatement Cor on Enterprise	ntractor s Inc	(9)				
Street Address 344 West State St.				,		Street 322	Address Beers St						
City, State, Zip Code Trenton, N.J. 08618		<del></del>					tate, Zip Code oort N.J. 0773	35					
Project Manager for Monitoring Firm William Wisegarber, Jr.			Telephor (09) 656-			Teleph	none No. 739-1200		License I	No.			
	10111		0000 A. S. C.			5/2/9/388111			01095	\\ 			
Start Date (10) 2/9/15		1ed Con 30/15	npletion [	Jate (11)		n/a	of OSHA Monitor						
Occupancy Status During Abatement (Che						Street	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor  X Other – Describe: work being perform	mal Facility	/ Hours				City, S	tate, Zip Code						-
Scope of Work (Check All That Apply)										_			
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		enovati Demolit					★ Containment v     ★ Mini-Enclosur		gative Pres	sure			
							x Glovebag Pr x Non-Exempte	ocedure		ble Pr	ocedui	е	
		s Locat	NY-1.11(									emen /pe	t
Location of Asbestos-Containing Material (ACM)	1.000000	rmally l Solely l		Acho		scription	of laterial (ACM)	^			- 1,	pe	
TO BE ABATED	10000000	aintena stodial S	LOSSES CONTRACTOR	(i.e	. thermal	systems	s insulation,	(5	mount Specify	Re	Z)	Enc	回
In Facility (13)	Yes	(12) No	N/A			cing, VA niscellar		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
SEE ATTACHED	103	140	X							X		te	O
			х							×			
		х							x				
			х							X			
Name of Registered Waste Hauler Century waste		10.0772	JDEP Waller ID		Cubic of Was		Name of	Registe	red Landfil	l Gr	ows no	rth	
Cit. Chata		32	2797		160	15							
City, State Elizabeth , N.J.						sal Date 1/15	City, State	e Morri	sville, P.A.				
Completed by James Mahoney	Title Projec	t mana	iger		S	ignature	. 0 /1/1.//	mai	D;	ate 3/6/1	15		
ASB-41 (R-06-08)					0	1	t use this form for	asbest	os licensur	e exer	mpted	activit	ies.

Location of	No	s Location	Jsed	Description of			Abat Ty	eme /pe	n
Asbestos-Containing Material (ACM) <u>TO</u> <u>BE ABATED</u> In Facility  (13)	Ma	Solely baintenar stodial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A	other miscellaneous)		val	Ħ.	ulate	
Sludge incinerator			х	Gasket material	350 lf	x			
Sludge incinerator			Х	Hatch door insulation	350 sf	x			
Carbon incinerator			х	Gasket material	350 lf	x			•
Carbon incinerator			Х	Hatch door insulation	350 sf	х			
Pulse tank platform			х	Tar	1100 sf	x			
Pulse tank platform			х	Tank insulation	2200 sf	x			
Pulse tank platform			x	Tank insulation	800 sf				
Pulse tank platform			×	Tar	400 sf	X			
Carbon react Hoppers			X	Tank insulation	600 sf				
Carbon absorber tanks			X	Tar	400 sf	X			
Pulse tank platforms			x	Gasket material	100 sf	X			
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D&S Proj. #: 2015-75

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Date of Notification (1)	Na	me of Bu	ilding Own	er/Operator (2)				9.0	10-	11	2		
0 3 /0 2 /1 5		hn steen	n					9					
Agencies Notified Type Notificati	on Str	eet Addre	SS										
DEP Amended	5	1-53 pie	erce avenu	ie .									
Amendment #:	Cit	y, State, 2	Zip Code										
DOL Emergency	,	midland	park, nj	07432									
DOH (including justification)		ne of Cor	A CONTRACTOR OF THE PARTY OF TH			The state of the s		Telepho	ne Numbe	er			
□ DCA □		john stee	an					1	20/1				
Cancellation	ف ال	OIIII Stee											
			FACI	LITY INFORM	ATION	l							
Name of facility where abatement is	taking plac	e (3)					⊤	ype of Facility		\			
john steen							Ш	=	ol (K - 12	200			
Street Address							11	☐ Subc	napter 8 (			-12)	
Crock Addition									./Homes,		iolai		
51-53 pierce avenue							] [3	Square Feet	# of Floo	ors	BI	dg. A	ge
City (5)	County	/ (6)			30000	nty Code (7)							
midland park	BER	CEN			(Sta	te use only)		Current Use (F	Prior if bei	ng dem	olish	ed)	
Name of Monitoring Firm Hired by E			Т	ASCM No.	<u> </u>	Name of Abateme	nt Cor	ntractor (9)					
g	g	(0)	- 1	ACCIVITIO.		0.000000.000 H.9000.00000000000000000000							
Street Address					-	D & S RESTO Street Address	KAI	ION, INC.					
						20 California	Ave						
City, State, Zip Code					-	City, State, Zip Coc				- 10			
						Paterson, NJ		3					
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Numbe			License	e Numb	er		
						973-345-802	20		(	)1169			
Start Date (10)	Sched.	Completic	on Date (11	1)	-	Name of OSHA Mo		3					
03/16/15	02/15/	1.5				D & S Restora	ation,	Inc.					
Occupancy Status During Abatemen	03/15/			to the state of th	_	Street Address							
Facility closed/vacated during			ment.			20 California A		1e					
Abatement performed outside						City, State, Zip Cot	ue.						
Describe:NORMAL He	OURS				-1	Paterson, NJ (	07503	3					
Scope of Work (check all that apply								Containment	w/negative	e press	ure		
	Renovation					Ī	===	i-enclosure		- р. ооо			
≥160 sf or ≥260 lf	Demolition					₽		vebag procedu				2	
	Is location	normally	used solely	/		L	_ Nor	n-Exempted (*	and Non	-Triable	Proce	E	1
Location of asbestos-containing	by mainten			1	on of a	sbestos-containing		Amount		e	е	n	l E
material (acm) to be	staff(12)		_	material (		obootoo oomaniing		(Specify	SF or	m o	p a	c	C
abated in facility (13)	Yes	No	N/A					LF)		v e	i	p	L
BASEMENT #51		X		PIPE INSU	LATI	ON		195 L FT		×	$\Box$	П	$\Box$
BASEMENT #53		X		PIPE INSU				200 L FT		×		百	
								0 10 - 10 -					
				Ì		68							
Registered Waste Hauler		Hauler I		ubic Yards of V	Vaste	Name of Register							
D & S RESTORATION, INC.	1350	6		yds		TULLYTOWN	N, RE	SOURCE R	ECOVE	RY			
City, State PATERSON, NJ 07503			Disposal D 03/17/1			City, State	NI D						
Completed by (Print or Type)		TULLYTOW	IN, FF	7	Date			_					
BOGDAN JOLDZIC	Title PRESIDE	NT		Signature					03/06	5/15			
	Do not use		empte	d activities.									

Date of Notification (1)   LENA JESSIE   Street Address   Telephone Number   Telephone	D&S Proj. #: 2015-74	-		ation of Ask		Abatement and 12:120)						
Canada   Instal   Type Notification   Type N	Date of Notification (1)	Name of Bu	uilding Own	er/Operator (2)	)		The second		17.			
Agencies Notified   PAP					,	Ž.	n	1016 8 10				
DEP									-			
Amendment #:		796 SO.	11TH ST	REET			*					
Newark   Name of facility where abatement is taking place (3)   Street Address   Street A	Amendment #:											
Same of Monitoring Firm Hired by Bidg. Owner (8)   Sefect Competion Date (11)   Start Date (10)   Soft Office (10)   Soft Office (10)   Start Date (10)   Start Date (10)   Soft Office (10)   Start Date (10)	— Emergency	Newark	, NJ 0710	)4								
School   Cancellation   LENA JESSIE   FACILITY INFORMATION		Name of Co	ntact		L 11-4/1-4		Telephor	ne Number				
Name of facility where abatement is taking place (3)  LENA JESSIE  Street Address  796 SO. 11TH STREET  City (5)  Newark  SESEX  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Abatement Contractor (9)  D & S RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S	□ DCA □	LENA J	JESSIE				201 -					
School (K - 12)   Subchapter 8 (Other than K-12)   Other (Private/Commercial Bidgs./Hornes, etc.)			FACI	LITY INFORM	IATION							
LENA JESSIE  Street Address  796 SO, 11TH STREET  City (5)  Newark  Name of Monitoring Firm Hired by Bidg. Owner (8)  Street Address  Street Address  Street Address  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Start Date (10)  03/09/15  County Code (7)  (State use only)  Sched. Completion Date (11)  03/31/15  Start Date (10)  03/31/15  Scope of Work (check all that apply)  A Sched. HOURS  Store of Work (check all that apply)  21 Sophish State Surger Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  License Number  973-34-58-020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  License Number  973-34-68-020  City, State, Zip Code  Paterson, NJ 07503  Foliation of abatement.  Obscribers.  Other-Describer:  Mini-enclosure  Glovebag procedure  Non-Exempted (1) and Non-friable procedure  Paterson, NJ 07503  Start Date (10)  Description of asbestos-containing material (acm) to be abated in facility (13)  Amount R R R E R R E R R E R R R R R R R R R	Name of facility where abatement is ta	king place (3)		-					-			
Street Address 796 SO. 11TH STREET City (5) County (6) Sesset Waste of Monitoring Firm Hired by Bidg. Owner (8) Newark Street Address Sity, State, Zip Code City, State, Zip Code Start Date (10) Start Date (	LENA IESSIE					4		,				
Bidgs./Homes, etc.							The state of the s				-12)	
City (5)  Newark  ESSEX  Name of Monitoring Firm Hired by Bidg. Owner (8)  ASCM No.  Street Address  Street Address  Street Address  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  Phone Number  Project Manager for Monitoring Firm  Project Manage						1				Iciai		
Newark  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Name of Abatement Contractor (9)  D & S RESTORATION, INC.  Street Address  20 California Ave. City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave. City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave. City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Other-Describes  Other-Describes  Non-Exempted (*) and Non-friable procedure  Non-Exempted (*) and Non-friable procedure		L County (6)					Square Feet	# of Floors		BI	dg. Aç	је
Newark  Name of Monitoring Firm Hired by Bidg. Owner (8)  ASCM No.  Street Address  Sity, State, Zip Code  Policy State, Zip Code  Paterson, NJ 07503  Steephone Number  Phone Number  Displays State During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours-  Describe: Describe: Describe: NormAl Hours  Scope of Work (check all that apply)  Paterson, NJ 07503  Secope of Work (check all that apply)  Paterson, NJ 07503  Secope of Work (check all that apply)  Secope of Work (check all that apply)  Paterson, NJ 07503  Secope of Work (check all that apply)  Secope of Work	City (5)	County (6)			200000000000000000000000000000000000000		Current Lies (P	rior if boing	dom	oliob	nd)	
D & S RESTORATION, INC.  Street Address  20 California Ave., City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor D & S Restoration, Inc.  Street Address  20 California Ave., City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor D & S Restoration, Inc. Street Address  20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor D & S Restoration, Inc. Street Address  20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor D & S Restoration, Inc. Street Address  20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor D & S Restoration, Inc. Street Address  20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor D & S Restoration, Inc. Street Address  20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor D & S Restoration, Inc. Street Address  20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor No. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor No. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor No. Street Address 20 California Avenue City, State, Zip Code No. No. No.	Newark	ESSEX			(0	,,	Cultent Ose (F	nor it being	dem	Olisiie	eu)	
Street Address  20 California Ave. City, State, Zip Code  Paterson, NJ 07503  Telephone Number  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc. Street Address 20 California Ave.  City, State, Zip Code  D & S Restoration, Inc. Street Address 20 California Ave.  City, State, Zip Code  D & S Restoration, Inc. Street Address 20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  State City State, Zip Code  Paterson, NJ 07503  Paterson, NJ 07503  Scope of Work (check all that apply)  Sope of Work (check all that apply)  Sop of Work (check all that apply)	Name of Monitoring Firm Hired by Bld	g. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)					
20 California Ave. ,  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  Start Date (10)  Sched. Completion Date (11)  03/09/15  Cocupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Other-Describe:  NORMAL HOURS  Scope of Work (check all that apply)  ≥ 160 sf or ≥260 lf  Demolition  Location of asbestos-containing material (acm) to be abated in facility (13)  Assembert  Assembert  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of SHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of SHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of SHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of SHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of SHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of SHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State,	The state of the s					D & S RESTOR	ATION, INC.					
City, State, Zip Code  Paterson, NJ 07503  Telephone Number 973-345-8020 01169  Start Date (10) Sched. Completion Date (11) 03/09/15 03/31/15  Docupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Other-Describe: NORMAL HOURS  Scope of Work (check all that apply) Full Containment w/negative pressure Scope of Work (check all that apply) Full Containment w/negative pressure Scope of Work (check all that apply) Demolition Sessions-containing material (acm) to be abated in facility (13) Pyes No N/A  BASEMENT DILER Scope of Work Scope of Scope of Work Scope of Scope of Scope of Work Scope of Scop	Street Address					Street Address	a a					
Paterson, NJ 07503  Telephone Number 973-345-8020	Sity State Zie Gode						/e. ,				-	
Telephone Number  973-345-8020  Start Date (10)  03/09/15  03/31/15  Decupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Normal Hours  Stepe of Work (check all that apply)  Saf or >2 if  Demolition  Demolition  Elocation of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  No  N/A  PIPE INSULATION  BOILER INSULATION  Sched. Completion Date (11)  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Basement w/negative pressure  Amount (Specify SF or mp p c n a a c LF)  V v i p L  PIPE INSULATION  BOILER INSULATION  BOILER INSULATION  Sched. Completion Date (11)  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Basement w/negative pressure  Amount (Specify SF or mp p c n a a c LF)  V v i p L  PIPE INSULATION  BOILER INSULATION  BOILE	oity, State, Zip Code					2000 10 10 10 10 10 10 10 10 10 10 10 10	502					
Start Date (10)  Start Date (10)  Sched. Completion Date (11)  03/09/15  Decupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe: NORMAL HOURS  Scope of Work (check all that apply)  Scope of Work (check all that apply)  Location of asbestos-containing material (acm) to be abated in facility (13)  B Is location normally used solely by maintenance/custodial staff(12)  Yes No N/A  PIPE INSULATION  B OILER INSULATION  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Scope of Work (check all that apply)  Full Containment w/negative pressure  Amount e e e n E e n E e n E e n E e n E e n E e e n E e n E e e n E e e n E e e n E e e e e	Project Manager for Monitoring Firm	I Pi	none Numbe	er	-		503	II icense N	lumh	er		
D & S Restoration, Inc.	,		iono mambi							O.		
O3/09/15  O3/31/15  Occupancy Status During Abatement (Check only one)  ☐ Facility closed/vacated during entire period of abatement. ☐ Abatement performed outside of normal facility hours- Describe: ☐ Other-Describe: ☐ Other-Describe: ☐ Other-Describe: ☐ NORMAL HOURS  Scope of Work (check all that apply) ☐ Full Containment w/negative pressure ☐ Secondary of the state of the stat	Start Date (10)	Sched, Completi	on Date (11	)		Name of OSHA Moni	tor	-				
Cocupancy Status During Abatement (Check only one)   20 California Avenue				,			on, Inc.					
Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe: NORMAL HOURS  Scope of Work (check all that apply)  > 2 sf or >3 if  Demolition  Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  BASEMENT  PIPE INSULATION  BOILER INSULATION  SCOPE OF Name of Registered Landfill  City, State, Zip Code  Paterson, NJ 07503  Paterson, NJ 07503  Paterson, NJ 07503  Full Containment w/negative pressure  Mini-enclosure  Glovebag procedure  Non-Exempted (*) and Non-friable procedure  Amount e e n n p c n o a a a c c LF)  V i p LE  BOILER INSULATION  BOILER INSULATI			_									
Abatement performed outside of normal facility hours—Describe: NORMAL HOURS  Scope of Work (check all that apply)  Scope of Work (check all that			ement.				enue		_			
Scope of Work (check all that apply)  Renovation  Scope of Work (check all that apply)  Full Containment w/negative pressure  Mini-enclosure  Glovebag procedure  Non-Exempted (*) and Non-friable procedure  Amount  (Specify SF or or a a critical procedure)  Scope of Work (check all that apply)  Scope of Work (check all that ap		normal facility hou	rs-			Oity, Otato, Zip Oodo						
Sasement	Other-Describe: NORMAL HOU	RS			_	Paterson, NJ 07	503					
□ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Non-Exempted (*) and Non-friable procedure    Location of asbestos-containing material (acm) to be abated in facility (13) □ Non-Exempted (*) and Non-friable procedure    Location of asbestos-containing material (acm) to be abated in facility (13) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure    Amount (Specify SF or LF) □ Non-Exempted (*) and Non-friable procedure	그 그들은 얼마나는 아이들은 그는 사람들은 사람들이 아니라 하는 것이 되었다면 없다면 하는데		8.				Full Containment v	v/negative p	ress	ure		
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  BASEMENT BOILER  Demolition  Is location normally used solely by maintenance/custodial staff(12) Yes No N/A  PIPE INSULATION  Description of asbestos-containing material (ACM)  PIPE INSULATION  26 L FT  BOILER INSULATION  36 SQ FT  Description of asbestos-containing material (ACM)  PIPE INSULATION  BOILER INSULATION  BOILE	$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$ Re	novation				Street, and a st	100 mm					
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  BASEMENT BOILER  BOILER INSULATION  BOI	≥160 sf or ≥260 lf De	molition							able	proce	edure	
asbestos-containing material (acm) to be abated in facility (13)  Pipe Insulation  BASEMENT  BASEMENT BOILER  BOILER INSULATION  BOILER INSULATION	Location of								120		0.555	Е
abated in facility (13)  Yes  No  N/A  PIPE INSULATION  26 L FT  BASEMENT BOILER  BOILER INSULATION  36 SQ FT  D D D D D D D D D D D D D D D D D D	aspesios-containing					bestos-containing	\$25000 ABS 2000 ABS	SE OF	m			n
BASEMENT   PIPE INSULATION   26 L FT   BASEMENT BOILER   BOILER INSULATION   36 SQ FT   BOILER INSULATION   BOILER INSULATION   Cubic Yards of Waste   Name of Registered Landfill	abated in facility (13)	Yes No	N/A	materiai (	ACIVI)			- 1	200	a i	1858	256
BASEMENT BOILER   BOILER INSULATION 36 SQ FT   Color Part   Cubic Yards of Waste   Name of Registered Landfill	RASEMENT			DIDE INICI	TATE	ON	26 I ET		_	_	P	
egistered Waste Hauler    NJDEP Hauler ID#   Cubic Yards of Waste   Name of Registered Landfill				The second second second					_	붜	井	님
	The second secon			- CHILLE			500011		위	屵	井	片
					-				Ħ	뉘	Η	H
									Ħ	허	듬	T
			2.55		Waste			COME				

Do not use this form for asbestos licensure exempted activities. ASB-41

PRESIDENT

Title

Disposal Date

03/10/15

Signature

City, State

TULLYTOWN, PA

Date

03/06/2015

City, State

PATERSON, NJ 07503

Completed by (Print or Type)

**BOGDAN JOLDZIC** 

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Date of Notification (1) 03/12/15				Building Owner/ ON PROPER		)		21.15	14:	i ś.	K.	1	7	,	
Agencies Notified	Type Notification			Street Ac 7 GLE	idress NWOOD AVE	ENUE, SU	IITE	412	ũ -	is .					
EPA DEP X DOL	<ul><li>✓ Initial</li><li>✓ Amended</li><li>✓ Amendment #</li></ul>		1.70		te, Zip Code ORANGE, N	J 07017					4		V.		
DOH     DCA	Emergency (i justification) Cancellation	ncluding		Name of HENR	Contact Y EHRMAN	3			Tele	phone N	dumb		. 1 30	00	
				FACIL	ITY INFORMAT										
Name of Facility Where A		Place (3	)				] s	of Facility (4) chool (K-12 ubchapter 8 other (i.e. pri	) 3 (Othe			wild	inas	home	ae.
284 SPRINGDALE	AVENUE					×		tc.)	vate o	COMMI	i Giai E	runu	iiigs,	Home	,,
City (5) EAST ORANGE, N.	J					1 0.000	quare 000	e Feet	# of 3	Floors		BI	dg. A	ge	٠
County (6) ESSEX COUNTY				County C (STATE U	Code (7) ISE ONLY)	11 1000	ourren HOM	nt Use (Prior E	if beir	ng demo	lished	)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.	-		PROFES							
Street Address						Street Ad 6 WHI		s OOVE CO	URT						
City, State, Zip Code						City, Stat		Code D, NJ 08	701						
Project Manager for Moni	itoring Firm			Telephor	ne No.	Telephor 732-66				License 1200	e No.				
Start Date (10) 03/27/15		Schedule 03/29/1		npletion [	Date (11)			A Monitor PROFES	SSIO	NALS					
Occupancy Status During	Abatement (Check	Only On	e)			Street Ac	ddress	S				_			
Facility Closed/Vaca	ated During Entire F	eriod of A	baten			6 WHI7	and the first	OVE CO	URT	707					
Other – Describe: _	ca Catolac of North	ar r dollity	Tioure					D, NJ 08	701						
Scope of Work (Check Al	ll That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			tenova emolit	-1		×	Mini	Containmer i-Enclosure vebag Proce i-Exempted	edure	150				e	
		lo	Locati	ion										ement	
Location	of	11137	Vormal	7749	_	escription of	£				L		Ту	ре	
Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Ma	d Sole intena todial S (12)	nce/	Asbestos Co (i.e. therm surf		terial nsulat or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
EVTEDI	00	100	140	1471	Λ.	NA CIDINI			45	00.05	-		_	_	
EXTERI	UR	-			AC	CM SIDING	G	1	45	00 SF	+	X			
									+						
				0 154	4.								13.22.11		
Name of Registered Was	IN	JDEP W	/aste Cubi	ic Yards		Name of R	egiste	red Land	dfill						
NEWARK CARTING		lauler ID 4509		aste ARDS	- 15 *	IESI	25	1000							
City, State NEWARK, NJ			7 <sub>se</sub>		osal Date 29/15		City, State BETHLE		1 PA						
Completed by JOSEPH PERLSTEI	N	Title OWN	IER			Signature			ά		Date 03/1	2/1	5		

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Agencies Notified    Type Notification	Date of Notification (1) 3/10/15		Name of Building Owner/Operator (2)													
EPA		T.m.s. Notification					only of	NY &	IVJ							
Emergency (including   Granellation   Slobadan Bulljovcic   Facility (Mere Abatement Is Taking Place (3)   Port Jersey South   Street Address   Street Addres		<u> </u>					nal Blv	d					÷			
Emergency (including   Granellation   Slobadan Bulljovcic   Facility (Mere Abatement Is Taking Place (3)   Port Jersey South   Street Address   Street Addres	DEP				City, Sta	ate, Zip Co	de									
	▼ DOL			_	Bayor	nne, NJ (	07002									
Same of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Sub	× DOH		iciuaing				AV.				Tel	ephone N	umber			
Name of Facility (Mhere Abatement is Taking Place (3)  Port Jersey South  Street Address 51 Port terminal Bivd  County Code (7) (By (5) Bayonne  County (6)  County Code (7) (STATE USE ONL')  Name of Monitoring Firm Hired by Building Owner (8)  Street Address 51 Port Terminal Bivd  County Code (7) (STATE USE ONL')  Name of Monitoring Firm Hired by Building Owner (8)  Street Address 51 Port Terminal Bivd  County Code (7) (STATE USE ONL')  Port Terminal Bivd  County Code (7) (STATE USE ONL')  Port Terminal Bivd  County Code (7) (STATE USE ONL')  Port Terminal Bivd  County Code (7) (STATE USE ONL')  Port Terminal Bivd  County Code (7) (STATE USE ONL')  Port Terminal Bivd  Completed Address 1380 Mt Cobb Rd  Clay, State, 2p Code  Lake Ariel, PA 18436  Project Manager for Monitoring Firm  Telephone No. 201-595-4881  Street Address 1380 Mt Cobb Rd  Coupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, 2p Code  Lake Ariel, PA 18436  Scope of Work (Check All That Apply)  Port Terminal Bivd  Completed Manager for Monitoring Firm  Telephone No. 201-595-4881  Street Address 1380 Mt Cobb Rd  Street Address 1380 Mt Cobb Rd  Street Address 1380 Mt Cobb Rd  Abatement Performed Outside of Normal Facility Hours  City, State, 2p Code  Lake Ariel, PA 18436  Scope of Work (Check All That Apply)  Port Terminal Bivd  Completed Waste Hauler  Name of Registered Landfill  Grows North Landfill  Morrison (Waste Morrison)  Abatement Control Landfill  Morrison Landfill  Morrison Landfill  Grows North Landfill  Morrison Landfill  Morr	☐ DCA	Cancellation														
School (k-12)   Street Address   Square Feet   R of Floors   N/A   Niday   N/A   Niday   N/A   Niday	Nome of Facility Where	Abatament in Taking	Dl (2)		FACI	LITY INFO	DRMATI	ON	-	- F = 1114 /	41					
Street Address 51 Port terminal Blvd County (6) County (7) Sayonne County (8) County (8) Scriet Address Signary Feet Street Address Signary Fe		Abatement is Taking	riace (3)						-		10000					
Other (f.e. private & commercial buildings, homes, etc.)												er than K	12)			
Square Feet   # of Floors   Bldg. Age   N/A   Square Feet   # of Floors   N/A   N/A		vd							n	Other (i.e. p				dings	, hom	es,
County (6)  County (7)  County (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Abatement Contractor (9)  SCE Environmental Group  Street Address  1380 Mt Cobb Rd  City, State, Zip Code  Bayonne, NJ 07002  Froject Manager for Monitoring Firm  Uday Mehta  201-595-4881  201-595-4881  Start Date (10)  3/23/16  Start Date (10)  3/23/16  Start Date (10)  3/23/16  Steet Address  1380 Mt Cobb Rd  City, State, Zip Code  Lake Ariel, PA 18436  Steet Address  1380 Mt Cobb Rd  City, State, Zip Code  Lake Ariel, PA 18436  Steet Address  1380 Mt Cobb Rd  City, State, Zip Code  Lake Ariel, PA 18436  Steet Address  1380 Mt Cobb Rd  City, State, Zip Code  Lake Ariel, PA 18436  Steet Address  1380 Mt Cobb Rd  City, State, Zip Code  Lake Ariel, PA 18436  Full Containment with Negative Pressure Mini-Enclosure  City State, Zip Code  Lake Ariel, PA 18436  Full Containment with Negative Pressure Mini-Enclosure  City State, Non-Exempted (1) and Non-Friable Procedure  Normally  Used Soleja Start (12)  Yes No N/A  Material is on the ground at secured  X I transit pipe, tar, mastic debris  2000sf X I I I I I I I I I I I I I I I I I I	000000000000000000000000000000000000000										1#0	f Floore		Rida	۸۵۵	
County (6)    County Code (7)									Squa	ile i eet	100000			CANAL TO SERVICE	-ge	
STATE USE ONLY   Port Terminal Building 101   PANY & NJ   Street Address   Street Address   1380 Mt Cobb Rd					County	Code (7)			Curre	ent Use (Pri	1000			417 1		
Name of Monitoring Firm Hired by Building Owner (8)  PA NY & NJ PA NY & NJ PA NY & NJ SCE Environmental Group  Street Address 51 Port Terminal Blvd  City, State, Zip Code Bayonne, NJ 07002  Project Manager for Monitoring Firm Dephone No. 201-595-4881  Telephone No. 201-16  Start Date (10) 3/23/15  Street Address  Telephone No. 201-16  Name of OSHA Monitor SCE Environmental Group  Street Address  Tale Monitor SCE Environmental Group  Street Address  Telephone No. 201-16  Name of OSHA Monitor SCE Environmental Group  Street Address  Tale Monitor SCE Environmental Group  Street Address  Tale Monitor SCE Environmental Group  Street Address  Telephone No. 201-16  Street Addre	2 (2)															
Sce Environmental Group	Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCN	/ No.		Name				-				
1380 Mt Cobb Rd  City, State, Zip Code Bayonne, NJ 07002  Project Manager for Monitoring Firm Uday Mehta  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Start Date (10) 3/23/15  Scheduled Completion Date (11)  Name of OSHA Monitor  3/23/15  SCE Environmental Group  Street Address  1380 Mt Cobb Rd  License No. 01216  Start Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitor  3/23/15  SCE Environmental Group  Street Address  1380 Mt Cobb Rd  Cliv, State, Zip Code  Lake Ariel, PA 18436  City, State, Zip Code  Lake Ariel, PA 18436  Scope of Work (Check All That Apply)			3 20									1.5 50				
City, State, Zip Code Bayonne, NJ 07002  Project Manager for Monitoring Firm  Uday Mehta  201-595-4881  Store Jay 151  Stephone No. 201-595-4881  Store Jay 151  Store Jay 151  Stephone No. 201-595-4881  Store Jay 151  Store Jay 15			10					700000000000000000000000000000000000000		7.77						
Bayonne, NJ 07002		lvd						100000000000000000000000000000000000000								
Telephone No. 201-595-4881   Telephone No. 201-595-4881   570-383-4151   Containment with Negative Pressure Glovebag Procedure Non-Friable Procedure No		2									26					
Uday Mehta   201-595-4881   570-383-4151   01216					Tolopho	na Na					30	Lisanas	Ma			
3/23/15  3/23/16  SCE Environmental Group  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		intoring Firm			90			(2)								
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 of or ≥3 if ≥160 of or ≥260 if  Location of Abatement Pacific All That Apply)  Location of Abatement Type  Abatemen	Start Date (10)		Schedule	d Con	pletion	Date (11)		Name	of OSI	HA Monitor		L			-	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf  Location of Abatement Period of Abatement Abatement Period of Normal Facility Hours	3/23/15		3/23/16					SCE	Envi	ronmenta	I Grou	пр				
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Lake Ariel, PA 18436  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf    State   Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   Normally Used Solely by Maintenance/Custodial Staff? (12)   Yes   No   N/A	Occupancy Status Durin	ng Abatement (Check	Only One	∍)												
Scope of Work (Check All That Apply)   ≥ 3 sf or ≥ 3 lf   ≥ 160 sf or ≥ 260 lf								200000000000000000000000000000000000000	22.000000000000000000000000000000000000	Manual Committee				550%		
Scope of Work (Check All That Apply)    Scope of Work (Check All That Apply)   23 sf or ≥3 lf	Abatement Perform Other – Describe:		I Facility	Hours	i			75-7		Ø						
23 sf or ≥3 lf   24 l60 sf or ≥260 lf   24 lf   25 lf   260 sf or ≥260 lf   25 lf   260 sf or ≥260 lf								Lake	Arie	I, PA 184	36					
Demolition		лі тпас Арріу)	<u> </u>						7		12 550	1027G 1027	250			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Normally Used Solely by Maintenance Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance Custodial Staff? (12)  Yes No N/A  Transit pipe, tar, mastic debris  Iot at facility  Name of Registered Waste Hauler Horwith Trucking  Name of Registered Waste Hauler Horwith Trucking  Name of Registered Landfill  City, State Newark, NJ  Disposal Date  City, State Normisville, PA  Completed by  Title  Signature  Description of Abatement Type  Abatement Type  Abatement Type  Abatement Type  City Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type  Counter In Counter  Registered Landfill Grows North Landfill  City, State Morrisville, PA  Completed by  Title								E				Negative	Pressu	ire		
S Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A									Glo	ovebag Prod	cedure					
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  In Facility (13)  Type    Vast   Normally Used Solely by Maintenance/Custodial Staff? (12)   Yes   No   N/A      Material is on the ground at secured   X   transit pipe, tar, mastic debris   2000sf   X       In Facility (13)   Vast	(a) - 722 (W 12 - 17 - 17 - 17 - 17 - 17 - 17 - 17	1					ν	L^	⊴ No	n-Exempted	d (*) an	d Non-Fria	able Pro	- Address		
Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  In Facility (13)  Yes No N/A  material is on the ground at secured X transit pipe, tar, mastic debris 2000sf X  lot at facility  Horwith Trucking  Name of Registered Waste Hauler Horwith Trucking  Name of Registered Landfill Grows North Landfill  Disposal Date  City, State Newark, NJ  Completed by  Title  Signature  Disposal Date  Date			W-081													I.
Maintenance/ Custodial Staff? (12)   Yes   No   N/A     (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Yes   No   N/A     (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Yes   No   N/A		100 Table Same Street Section 10 Table Section 10	Used	Sole	ly by	Ashes				I (ACM)	Δ	mount				
material is on the ground at secured X transit pipe, tar, mastic debris 2000sf X lot at facility  Name of Registered Waste Hauler Horwith Trucking  City, State Newark, NJ  Completed by  Title  NAME of Registered Landfill  Cubic Yards of Waste Cubic Yards of Waste 200  Disposal Date  City, State Morrisville, PA  Completed by  Title  Disposal Date  Date	TO BE AB	ATED					thermal	systems	s insula		(5	Specify	Re	Z	Ence	Enc
material is on the ground at secured X transit pipe, tar, mastic debris 2000sf X lot at facility  Name of Registered Waste Hauler Horwith Trucking  City, State Newark, NJ  Completed by  Title  NAME of Registered Landfill  Cubic Yards of Waste Cubic Yards of Waste 200  Disposal Date  City, State Morrisville, PA  Completed by  Title  Disposal Date  Date											SF	or LF)	mov	epa	nsde	losi
material is on the ground at secured X transit pipe, tar, mastic debris 2000sf X lot at facility  Name of Registered Waste Hauler Horwith Trucking  City, State Newark, NJ  Completed by  Title  X transit pipe, tar, mastic debris 2000sf X lot variate Cubic Yards of Waste 200 Grows North Landfill  Ciby, State Morrisville, PA  Signature Date	, , ,		Yes	No	N/A				,				<u>'a</u>	=	late	лге
Name of Registered Waste Hauler Horwith Trucking  City, State Newark, NJ  Completed by  Title  NJDEP Waste Cubic Yards of Waste 200  City, State Morrisville, PA  Date	material is on the gr	ound at secured				transi	t pipe.	tar. ma	astic (	debris	20	000sf	X			
Name of Registered Waste Hauler Horwith Trucking  NJDEP Waste Hauler ID No. 16227  Disposal Date  City, State Newark, NJ  Completed by  Title  Name of Registered Landfill Grows North Landfill  Ciby, State Morrisville, PA							. [							-		
Horwith Trucking  City, State Newark, NJ  Completed by  Hauler ID No. 16227  of Waste 200  Grows North Landfill  City, State Morrisville, PA  Signature  Disposal Date  Signature  Date	101 41 14	oey											-	-		
Horwith Trucking  City, State Newark, NJ  Completed by  Hauler ID No. 16227  of Waste 200  Grows North Landfill  City, State Morrisville, PA  Signature  Disposal Date  Signature  Date				_	-								-	-		
Horwith Trucking  City, State Newark, NJ  Completed by  Hauler ID No. 16227  of Waste 200  Grows North Landfill  City, State Morrisville, PA  Signature  Disposal Date  Signature  Date	Name of Registered Wa	ste Hauler		1000						Name of	Registe	red Landf	fill			
City, State Newark, NJ Completed by  Disposal Date City, State Morrisville, PA  Signature  Disposal Date  City, State Morrisville, PA	Horwith Trucking			255		No.	100000000000000000000000000000000000000	ste								
Newark, NJ Completed by Title Signature Date	City, State			CONTRACTOR						City, State	e					
Completed by Title Signature // Date				Disposal Date						and the second second		A				
Mariah Wheeler PMA 03/10/15			Title							0		Date				
	Mariah Wheeler		PMA					1/4	10	lu	Y	(	03/10/	15		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) Name of Building Owner/Operator (2)														
03/	12 /	15	_		Car	gille Kno	Ils Corporation		7115 0					
Agencies Notified	Type Notific	ation			Street	Address						5	5	
□ EPA	☑ Initial					ommero			f					
☑ DOLWD ☑ DHSS	Amender Amendm				City, S	tate, Zip C	ode				0			
□ DCA	☐ Emerger	_	cludina		Ced	ar Grove	, NJ 07009							
(NJAC 5:23-8)	justificati	on)			Name	of Contact			Telephone Numb	er				
	☐ Cancella	tion			Ms.	Cathy C	argille			83				
					FAC	ILITY IN	FORMATION							
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)					
Building M								School (K-12						
Street Address									3 (Other than K-12) rivate and commerc		ilding	2		
55 Commerce Road	d							homes, etc.)		adi bu	iidii ig	,5,		
City (5)								Square Feet	# of Floors	Ble	dg. A	ge		
Cedar Grove								2,312	1	8	1940			
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ned)				
Essex								Vacant						
Name of Monitoring Firm	Hired by Buil	ding C	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Environmental Hea	Ith Investig	ation	S		2973	7	Superior Aba	tement Inc						
Street Address					Street Address									
655 West Shore Tra	ail,				2 Henderson Drive									
City, State, Zip Code					City, State, Zip Code									
Sparta, NJ 07871							West Caldwe	II, NJ 07006						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.					
Bill Kerbel				(9	73)610	)-2634	(973) 808-161	6	00411					
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA N	lonitor						
03 /23 /	15	0	3 /	_2	<u>7_</u> / -	15	Superior Aba	tement Inc						
Occupancy Status During	g Abatement	(Check	only o	ne)			Street Address							
□ Facility Closed/Vacate							2 Henderson	Drive						
Abatement Performed Time of Abatement: _						cribe	City, State, Zip Co West Caldwe							
Scope of Work (Check al	Il that apply)						West Galane	, 110 07 000						
≥3 sf or ≥3 lf			⊠ Re	novat	ion		□ Full Con     □ Mini-End     □ Mini-End	tainment with Neg	gative Pressure					
☐ ≥160 sf or ≥260 lf			☐ De				⊠ Gloveba	g Procedure						
			1		4		∐ Non-Exe	mpted (*) and No	n-Friable Procedur	1	10	W. 224		
Location	of			Loca Iorma			Description of	√f.		Ab	_	ent T	_	
Asbestos-Containing	Williams management	M)			ely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Enc	Enclosure	
TO BE ABA					ance/ Staff?	(i.e	., thermal systems		(Specify	Von	air	aps	losi	
IN Facil (13)	ity			(12)			surfacing, VAT other miscellane	ous)	SF or LF)	<u>a</u>		Encapsulate	лrе	
(1.07			Yes	No	N/A							ē		
Room 1 & 2					$\boxtimes$	Pipe/Pi	pe Fitting Insula	tion	120 LF	$\boxtimes$				
· · · · · · · · · · · · · · · · · · ·														
			П	П	П					$\Box$	П	П	П	
Name of Registered Was	ste Hauler			7	NJDEP N		Cubic Yards of	Name of Regis	stered Landfill					
Service Transport				H	Hauler II		Waste 10	Minerva La						
City, State					SW21	17	Disposal Date	City, State						
New Castle, DE							3/27/15	Waynesbu	ırgh, OH					
Completed By (Print or T	'vpe)	Title	9				Signature		// Da	te				
Nick Petrovski	,,,,	1,000	reside	ent			Signature /	11/1/			)	15	_	
ou o totu				10.55	Mich Mornin 3-12-15									

ASB-41 MAY 11

\* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 03/10/2015			-		MANGRAM 05 1 1 1 77.		Operator (2 Protection		ency	211	H 3	-				
Agencies Notified	Type Notification		-	Street A	A SECULIAR AND	21-500-000-00						1-1-			Ž.	
□ =D.				2890	Woodbr	idge A	venue			7.						
EPA DEP DOL	Initial Amended Amendment #				ate, Zip Co n, NJ 08						700		1			
X DOH	Emergency (in justification)	ncluding	1	Name o	f Contact					Tel	ephone	Num	her			
DCA =	Cancellation				h Pernio		101					٠, ٠				
Name of Facility Where	Abatement is Taking	Place (3	3)	FAC	ILITY INFO	JRIVIAI		Type	of Facility (4	4)				_		
US Environmental		-		245 a	nd 246		F	-	School (K-1						1	
Street Address					-				Subchapter		er than	K-12)				
2890 Woodbridge	Avenue								Other (i.e. petc.)	rivate 8	& comm	ercia	buil	dings	, hom	es,
City (5)									e Feet	# 0	Floors		E	Bldg. /	Age :	
Edison								240,		1				64		
County (6) Middlesex					Code (7) <i>USE ONLY</i>		14 12		nt Use (Prid ant Buildi		ng dem	olishe	ed)			
Name of Monitoring Firm	Hired by Building O	wner (8)	1	ASCN	Λ No.				ement Con							
Bio-Terra Environn	nental Solutions	LLC		N/A			DIA G	ene	ral Const	ructio	n, Inc.	6				
Street Address P.O. Box 1224							Street A		s on Avenu	e, PM	1B Sui	te 2	18			
City, State, Zip Code							City, Sta			1						
Union, NJ 07083							Cliftor	n, NJ	07012	500						
Project Manager for Mor	itoring Firm		Telepho	ne No. 94-3762	,	Telephoi				Licens						
	Rick Eustaquio						973-3				0069	33				
3/24/2015	tart Date (10), Schedul								A Monitor ral Const	ructio	n, Inc.					
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street Ad									
	ated During Entire Pe								n Avenu	e, PN	IB Sui	te 21	8			
Abatement Perform Other – Describe:	ed Outside of Norma	l Facility	/ Hours				City, Sta									
Scope of Work (Check A							Cilitor	i, INJ	07012					-	<u> </u>	-
23 sf or ≥3 lf			Renova	tion			П	Coll	Containme	nt with	Negativ	vo Dr	20011	ro		
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf			Demoliti					Mini	i-Enclosure		ivegau	VEIN	sssu	C		
							×		vebag Proc -Exempted		l Non-F	riable	Pro	cedur	P	
		lo	Location	nn.				11011	ZXGIIIptou	( ) ( ) ( )	2 110111				ement	
Location	of	1	Normall	y		De	scription of	f						Ту	ре	
Asbestos-Containing	Material (ACM)		d Solel intenar			os Con	taining Mat	terial			mount		_		П	Е
TO BE AB		100 100 100	todial S		(i.e.		I systems in cing, VAT,		tion,		pecify or LF)		Remova	Repair	ісар	nclo
(13)			(12)			other	miscellaneo	ous)					oval	air	Encapsulate	Enclosure
		Yes	No	N/A									0		е	
Loading Dock 1, 2	, 3 - Bldg 246			X	The state of the state of	-	on Conc			2,0	16 SF		K	: 4		
Loading Dock 2 - Bl		Χ			ng on Blo			4,4	05 SF		X					
Loading Dock 1		Χ	Tar Co	ating	on Conc	rete	Floor	67	2 SF		X					
Bldg 245 al	una wates	X	Tar	Coatir	ng on Sla	ab W	1		00 SF		X					
Name of Registered Was	175037	JDEP Wauler ID	2017	Cubic of Wa	Yards	T	Name of F	Registe	red Lan	dfill						
Horwith Trucking				3227	140.	400	CY		Minerva		dfill					
City, State				5.0	sal Date		City, State		011							
Northampton, PA					/2015		Waynes	sburg,	OH	D						
Completed by Krutarth Jagad		Title Proje	ect Ma	nager			Signature	J.		>		Date 3/1	0/20	)15		

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:

2015-48

suant to NJAC 8:60-7 and 12:120-7)

Check # 7124

					The same of the sa								
Date of Notification	(1)	IIN	ame of	Building Own	ner/Operator (2	2)							
10 13 1/112	1/115		Jenny	Panarisi				gue a					
Agencies Notified	Type Notification	on S	treet Add	dress				. Otto		1			
☐ EPA ☐ DEP	X Initial		528 N	larket Stre	eet		, a	<u> </u>					
	□ Amonda			e, Zip Code				P A BY		a T			
X DOL	Amenda				NJ 07407		100						
▼ DOH	☐ Cancella		ame of C	Contact				Telephon	e Number				
☐ DCA	Cancella	1011	Jenn	y Panarisi									
				FAC	CILITY INFORM	IOITAN	N						
Name of facility who	ere abatement is	taking pla	ice (3)					Type of Facility (					
Jenny Panaris	i								I (K - 12)	00 th		12\	
Street Address									apter 8 (Oth Private/Cor			-12)	
528 Market St	reet							Bldgs./	Homes, etc			1- 1	
City (E)		I Cour	nty (6)			I Cou	unty Code (7)	Square Feet	# of Floors		ы	dg. A	ige
City (5)							ate use only)	Current Use (Pr	rior if being	dem	olishe	ed)	
Elmwood Par			rgen					residential			500001011.50	- E	
Name of Monitoring	Firm Hired by E	Bldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
n/a	8			15			B & G Restorat	ion, Inc.					
Street Address							Street Address 105 Ryerson R	load					
City, State, Zip Code	<u> </u>						City, State, Zip Code			-		_	
Oity, Otate, Lip Oode		4					Lincoln Park,	NJ 07035					
Project Manager for	Monitoring Firm			Phone Num	ber	_	Telephone Number	as or in a	License N		er		
							(973)696-686		003	78		_	
Scheduled Start Date	e (10)	Sched	. Compl	etion Date (	11)		Name of OSHA Mon B & G Restorat						
03/30/2015		03/3	31/201	5			Street Address	1011, 1110.		_			-
Occupancy Status D	uring Abatemen	t (Check o	nly one)				105 Ryerson R	oad					
Facility closed							City, State, Zip Code						
Abatement per Describe:	rformed outside	or normal	racility n	ours-			LincolnPark, N.	1.07035					
Other-Describ						_	Lincolli alk, No	07033		_			
Scope of Work (che						[V] .	- " 0		٦				
	X	Renovatio					Full Containment w/neg	gative pressure [	_ Gloveba	2000			
>3 sf or >3 lf	X	≥160 sf or				Ш.	Mini-enclosure		Non-fria	_			
Location of	Laininn	ls location		lly used sole custodial				Amount		e	R e	E	E
asbestos-cont material to be		staff(12)			<ul> <li>Descript</li> <li>material</li> </ul>		asbestos-containing	(Specify S	F or I	m o	p a	С	n
abated in facil	lity (13)	Yes	No	N/A				LF)		v e	i	a p	L
basement				X	TAV			172 sf		X			
19													
						W.							
													坦
v							-		[				
Registered Waste Ha B & G Restorati			EP Haule 19563	er ID#	Cubic Yards of 4	vvaste		Landfill Resource & Re	coverv C	ent	er		
City, State		_ _		Disposal	Date		City, State		,				
Lincoln Park, N	J			04	/01/2015		Tullytown,	PA				,	٤
Completed by (Print Gordana Luna	or Type)	Title Secreta	rv/Tres	surer	Signature		Gordana Luna		Date 03/12/2	201	5		

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-46

Check # 7125

The state of the s								75. 30.		_			_
Date of Notification (1)		Name	of Building	Owne	er/Operator (2)	)							
0 3 /1 2 /11		Ker	Hancoc	k			71.54	i	t 3/.				
<u> </u>	lotification	Street	Address										
	Initial	56	Park Ave	enue			P. Carlo		e/ 12			77.	
DEP -		100000000000000000000000000000000000000	tate, Zip C										
X DOL     A	Amendment	Ca	ldwell, N	J 070	006								
X DOH		Name	of Contact					Telephon	e Number				
□ DCA □ □ C	Cancellation	Ke	n Hanco	ck									
				FACI	LITY INFORM	IOITAI	N						
Name of facility where abate	ement is taki	ng place (	3)					Type of Facility (					
Ken Kancock							11		I (K - 12)		10		
N.									apter 8 (Othe (Private/Com			-12)	
Street Address 56 Park Avenue								Bldgs./	Homes, etc.	mei	Cial		
56 Park Avenue								Square Feet	# of Floors		Blo	dg. A	ge
City (5)		County (6	)				unty Code (7) ate use only)	Current Use (P	rior if hoing s		aliaba	١۵)	
Caldwell		Essex				(0.0	ate use offy)	residential	ioi ii beilig d	em	JIISHE	eu)	
Name of Monitoring Firm Hi	red by Bldg.	Owner (8)			ASCM No.		Name of Abatement C	ontractor (9)					
n/a						_	B & G Restoration	on, Inc.	92				
Street Address							Street Address 105 Ryerson Ro	nad		111111111111111111111111111111111111111			
							City, State, Zip Code			ti.			
City, State, Zip Code							Lincoln Park, N	IJ 07035			#		
Project Manager for Monitori	ng Firm.		Phone	Numb	er	-	Telephone Number		License Nu	ımb	er		_
							(973)696-6869		0037	78			
Scheduled Start Date (10)	15	Sched. Co	mpletion D	ate (11	)	_	Name of OSHA Monito						
03/25/2015	1	03/26/2	015				B & G Restoration	on, Inc.		_			-
Occupancy Status During Ab	patement (Ch					-	105 Ryerson Ro	ad					
Facility closed/vacated				it.			City, State, Zip Code	******		-			
Abatement performed Describe:	outside of no	rmal facilit	y hours-										
Other-Describe:							LincolnPark, NJ	07035					
Scope of Work (check all th	at apply)												
Demolition	X Ren	ovation					Full Containment w/nega	ative pressure	✗ Glovebag	pro	ocedu	ire	
$\times$ >3 sf or >3 lf	≥160	sf or ≥260	) If			X	Mini-enclosure		✗ Non-friab	ile p	roceo	dure	
Location of			mally used ce/custodia				20 et 10000 km*		. 6	3	Re	E n	E
asbestos-containing material to be		f(12)			Descripti material		asbestos-containing	Amount (Specify S	F or c	m	р	С	n
abated in facility (13)	Y	es	No	N/A	material	(7 (0.01)		LF)	V	/	a i	a p	L
basement				X	pipe insul	ation		150 lf		X	$\Box$	П	$\vdash$
1st floor kitchen				X			rance area)	15 sf		X			
1st floor kitchen				X			to the basement)	9 sf	[2	K			
										]			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP H 1956		С	ubic Yards of 4	Waste		andfill Resource & Re	covery Co	ent	er		
City, State	·	1300		osal D			City, State	- 45	.sovery oc	2116	21		
Lincoln Park, NJ					27/2015		Tullytown, F	ΡΑ					
Completed by (Print or Type					Signature		Gordana Luna		Date 03/12/2	001	5		
Gordana Luna	1260	retary/1	reasurer	4	1		8		1.00/12/2	UI.	0		

CK 111J

Date of Notification (1)				Name	of Building	g Owner/Operator (	2)		200			
	15	_			S Lodi LL	집 사람들은 이번에 걸어 되었다. 기의 등이 되었다.	0.0	C. 167				
Agencies Notified Type Noti	fication			Street	Address			5 TV - 1	5	Se.		
☑ EPA ☑ Initial				75	Livingsto	on Ave., Ste. 101				1.		
☑ DOLWD ☐ Amend	CONTRACTOR OF THE PARTY OF THE				State, Zip C	SALINE SEE SECTION STATE SECTION SET	X	1 11				
	iment #_		*()			IJ 07068						
DCA Emerg		cluding	g		of Contac	HILL PROPERTY.		Tolombana Nive	h = -			
(NJAC 5:23-8) justific						17		Telephone Num	iber			
Carice	nation				hony Ge			i				
				FA	CILITY IN	IFORMATION		9994				
Name of Facility Where Abatement	s Taking	Place	e (3)				Type of Facility	7.000				
Garage							School (K-12	!) B (Other than K-12	2)			
Street Address							Other (i.e., p	rivate and comme	rcial b	uildin	as.	
205 Main Street							homes, etc.)					
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Lodi												
County (6)		W. T.		Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	or if being demoli	shed)			
Bergen						. 16	1		0000000000000 <b>8</b> 00			
Name of Monitoring Firm Hired by B	uilding C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	9		, ,			In the second of	NAGEMENT L					
Street Address						Street Address	THE COLUMNIA IN L					
P.O. Box 1224						27 Outwater	Long					
City, State, Zip Code												
						City, State, Zip Co						
Union, NJ			-			Garfield, NJ	07026					
Project Manager for Monitoring Firm			100	phone		Telephone No.		License No.				
Rick Eustaquio	_				-3762	973-928-4888		1188				
Start Date (10)					te (11)	Name of OSHA M						
3 / 21 / 15		14/	30	/	15_	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Abatemer	100	(5)		0.00		Street Address						
☐ Facility Closed/Vacated During E						27 Outwater I	Lane					
Abatement Performed Outside of						City, State, Zip Co	ode					
Time of Abatement:AM	PIN	///	PIVI-		AM	Garfield, NJ	07026					
Scope of Work (Check all that apply	)											
☐ >3 sf or >3 lf		Пр	enovati	on		☐ Full Cont ☐ Mini-Enc	ainment with Neg	ative Pressure				
≥ 160 sf or ≥260 lf			emolitic			☐ Glovebag						
			Mercanic per Con-					n-Friable Procedu	ire			
			Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A	O1 4\		Norma ed Sole			Description o		s A stronger of the A	Z	Z	ш	m
TO BE ABATED	UIVI)	Ma	aintena	nce/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	าса	Clo
IN Facility		Cus	todial	Staff?	,,,,	surfacing, VAT,	or	SF or LF)	Va	=	Encapsulate	Enclosure
(13)		Van	(12) No	N1/A	-	other miscellane	ous)				ate	0
		Yes	-	N/A					-	_		_
Roof					Rooting	g/Flashing		400 SF	×			Ш
			П									
112			닏	1					-		ш	Ш
						Vest to enter the second						
Name of Registered Waste Hauler			11000	JDEP \		Cubic Yards of	Name of Regis					
All Pro Management LLC				auler II 00348		Waste As Needed	IESI Landf	ill				
City, State				00540	,00	Disposal Date	City, State				111111111111111111111111111111111111111	
Garfield, NJ						TBD	Bethlehem	, PA				
Completed By (Print or Type)	Title					Signature		/	ate		-	_
Zvonko Veskov	1 2505	resid	ent			Oigi lature	1/0-1	0.	2	11	_ 1	7
	_L		OIIL			74	102		5	11	- [	)_
ASB-41 JAN 13	. 1	. ı noi	use th	is form	for asbesi	tos licensure exemp	ted activities.					
						V						

Date of Notification (1)	1.1.		-	Name	of Building	Ownorll	Operator	(2)		~ ~ ~ ~				
3	112/15				2 <i>055 Rui</i>									
Agencies Notified Typ	e Notification	-			Address	(	JU F 7 1	7072	- Cr					-
□ EPA 🖂	1-141-1				R106	5 Ri	1.90					44	-	
E 555	Initial Amended				ate, Zip Co		****							
⊠ DOL	Amendment						TO	17430						
⊠ DOH	Emergency (i justification)	ncluding	ł		of Contact	1		7 - 3 -	1 7.	Josephana Mili				
T 50:	Cancellation				10120-20-20-00-00-00-00-00-00-00-00-00-00-0				1.6	lephone Nu	nber			
				FAC	ILITY INF	ORMAT	ION					_		
Name of Facility Where Abater	ment is Taking	Place (3)						Type of Facility	(4)					-
RETAIL STORE								☐ School (K-						
Street Address	0.5							□ Subchapte	r 8 (Oth	er than K-12	2)			
349 PATENSON	ナシニ							Other (i.e. etc.)	private 8	& commercia	al buil	dings	, hom	es,
City (5)			-					Square Feet	# 0	of Floors	T	Bldg.	Age	
WALLINGTON								12000		1			5	
County (6) BERGEN				County (STATE	Code (7) USE ONLY	)		Current Use (P			ed)			oran de la compansión de
Name of Monitoring Firm Hired	by Building O	wner (8)	1	ASC	CM No.	-	Name	of Abatement Co				×		
							A. MA	AC Contracting Ir	nuactor IC	(9)				
Street Address							Street	Address						
								reeland Ave.						
City, State, Zip Code							City C	tate, Zip Code						
							Midla	nd Park, NJ 0743	32					
Project Manager for Monitoring	Firm			Telep	hone No.		Telenh	one No.	****	Linnan		-		
								262-5841		License No 00156	0.			
Start Date (10) 3/21/1	· ·	Schedule	d Cør	npletjon l	Date (11)	72000	Name	of OSHA Monitor		( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (				
3/5./		Schedule	3/3	10/15	5 876			ga Environment		es Inc.				
Occupancy Status During Aba	tement (Check	Only On	e)				Street	Address					-	
<ul> <li>✓ Facility Closed/Vacated D</li> <li>✓ Abatement Performed Out</li> </ul>	uring Entire Po	eriod of At	atem	ent			280 H	uyer Street						
☐ Other - Describe:	side of Norma	i racility r	iours				City, St	ate, Zip Code nsack, NJ 07606	3					
Scope of Work (Check All That	Annly)						Hadic							
□ ≥3 sf or ≥3 lf	(Tippiy)	_ ب												
丛 ≥160 sf or ≥260 lf			novat moliti				Ø	Full Containme	ent with I	Negative Pre	essure	9		
		_ DC	HOHE	011				Mini-Enclosure Glovebag Prod						
							区	Non-Exempted	(*) and	Non-Friable	Proc	edure		
			Locati										emen	t
Location of Asbestos-Containing Materi	01 (A CNA)	Used	ormal Sole	ly lv bv		De	scription	of			-	1	уре	
TO BE ABATED	ai (ACIVI)	Maii	ntenar	nce/	Asbest (i.e.	tos Con	taining N	faterial (ACM) insulation,	0.000	mount Specify	L,		9	ш
In Facility (13)		Custo	dial 8 (12)	Staff?	(	surfa	cing, VA7	, or		or LF)	Remova	Repair	cap	ncb
(15)						other n	niscellane	eous)			ВАС	Na P	Encapsulate	Encbsure
		Yes	No	N/A			-00000000000						2	"
BLOG A. 15T	FLOOR				i	AT	MAS	710	, (	00 SF				
L				MA			- Colonia de la colonia de	COUSF						
				1.211	3700	B. C. C.	10,	00037						
Name of Posistand Maria														
Name of Registered Waste Hau	ier			JDEP Wa auler ID N	1	Cubic '		Name of	Register	ed Landfill				
Newark Carting, Inc			110	04509		of Was	<sup>te</sup> 6	IESI	PA Beth	lehem Landf	ill Cor	D.		SOLUTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON
City, State, Zip Code						Dispos	al Date	City, State	*******************************				-	
Newark, NJ 07105					and the second		N/15	Beth	lehem, P	A 18015				The state of the s
Completed by R. McDonald		Title					0.5	mely	01	Date	9 1	1		
		Presider	ıt .				1/0	· III Jones	4	200	3/1	2/1	5	SA CONTRACTOR OF THE PARTY OF T

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Ck#2778

Date of Notification (1)				Nam	e of Ruildi	ng Owner/Operator	(2)	7		1		
3 /	11 /	15			SEG	ng Owner/Operator	30.55					
Agencies Notified			8			1	it is	Prese				
EPA	Type Notif	ication		Stre	et Address				1 9 1	SF		
☑ DOLWD	☐ Initial ☐ Amend	<b>.</b> d		80	Park Pla	aza	A - 1					
☑ DHSS	Amend			City,	State, Zip	Code				4.1		
□ DCA		ency (include	ling	Ne	wark, N.	J 07102						
(NJAC 5:23-8)	justifica	ation)	9	Nam	e of Conta	ct		Telephone Nu	mher			
	☐ Cancell	lation		C/	O Thoma	s Savage		1 200				
				-		NFORMATION						
Name of Facility Where A	batement is	Taking Pla	ace (3)	- ' '	CILITI	NONWATION	TT					
PSEG Nuclear			.00 (0)				Type of Facility (					
Street Address							School (K-12) Subchapter 8	) (Other than K∵	12)			
End of Alloway Cree	ak Naak D	٨					Other (i.e., pri	ivate and comm	nercial l	ouildir	nas.	
City (5)	EK NECK K	u.					homes, etc.)				5-,	
Hancocks Bridge							Square Feet	# of Floors	E	3ldg.	Age	
							9.	27				
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Salem							Exterior wor	k on interior	of cod	olina	tow	er
Name of Monitoring Firm	Hired by Bu	ilding Owne	er (8)	ASCN	No.	Name of Abateme						
NA						BRISTOL EN	VIRONMENTAL	INC.				
Street Address		1979	100			Street Address		2				
						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
						BRISTOL, PA						
Project Manager for Monit	oring Firm		Te	lephone	No	Telephone No.	13007	T1: N-				
	3			юрпопо	140.	215-788-6040		License No.				
Start Date (10)		Scheduled	Comp	lation Da	4- (44)	-7000 000000000000000000000000000000000		00509			:	
04 /13 /	15			24 /		Name of OSHA M						
				· <del>··</del> /	10		VIRONMENTAL	, INC.				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed (	During Ent	ire Period (	of Abate	ement		1123 BEAVER	RSTREET					
Time of Abatement: 7:0	DUISIDE OF N	iormai Faci PM/	lity Hou	ırs - Des	scribe	City, State, Zip Co	de					_
						BRISTOL, PA	19007					
Scope of Work (Check all t	hat apply)											
≥3 sf or ≥3 If		M	Renova	tion		☐ Full Conta	ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf			emolit	ion		☐ Mini-Encl ☐ Glovebag						
						Non-Exer     Non-Exer	npted (*) and Non-	Friable Procedu	ure			
			ls Loca							atem	ent T	VDO
Location o			Norma sed Sol			Description of				-		
Asbestos-Containing M TO BE ABAT			lainten:			stos Containing Mat	erial (ACM)	Amount	Ren	Repair	inc	Enc
IN Facility		0.00		Staff?	(I.e	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify	Removal	air	aps	Enclosure
(13)			(12)	)		other miscellaneo	ous)	SF or LF)	<u>a</u>		Encapsulate	ure
		Yes	No	N/A							6	
Hope Creek Cooling to	wer	П		$\boxtimes$	Transite	panels		1000 SF				
Genreal Area beneath	7200-70-1		-			-			-	Ш	Ш	Ш
Genreal Area beneath	tower				Transite	debris clean up		1500 SF				
									П	П	П	П
			П				-		+=	]_[		
Name of Registered Waste	Hauler			IDED.	Voote	Cubia Vanda	N			Ш	Ш	
C&H Disposal Service			100	IJDEP V lauler ID	0.5000745670	Cubic Yards of Waste	Name of Register					
	. IIIG.			7903		15	Salem Co Im	prove. Auth.	Solid	Was	te Di	v
City, State						Disposal Date	City, State					
Elmer, NJ						4/25/15	Alloway, NJ					
Completed By (Print or Type	e)	Title	1			Signature	2	.   De	ate	75		
Gino Pizzigoni		Estima	tor			21-	Brigon /	1:0	ate 3/11	1,5	-	
SR-41				-		Leno 1	Brigon 1	N	-1	110		

ASB-41 MAY 11

GI 15036

\* Do not use this form for asbestos licensure exempted activities.

CK 00590\$

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2015-77

ASB-41

1					·						
Date of Notification (1)			er/Operator (2)			FREE LE	59				
Agencies Notified   Type Notifica	glenn ei						6740				
EPA Initial	Street Add	ress					45				
DEP Amended		FAIRWAY									
	: City, State	, Zip Code									
Emergency		Montclair,	NJ 07043	-							
DOH (including justification)	Name of C	ontact				Telephon	e Number				
DCA Cancellatio	n glenn e	eichlerr		4			7929				
		FACI	LITY INFORM	OITA	١						
Name of facility where abatement	is taking place (3)					Type of Facility (	4) I (K - 12)				
glenn eichlerr							apter 8 (Of	ther th	an K	-12)	
Street Address						Other (	Private/Co	mme		15700	
6 THE FAIRWAY							Homes, et # of Floors		Ble	dg. A	ne.
City (5)	County (6)			Col	unty Code (7)	Square reet	# 01 1 10013		Di	<b>ч</b> у. л	igo
Oity (5)	County (c)			1 700 500	ate use only)	Current Use (Pr	rior if being	dem	olishe	ed)	
Upper Montclair	ESSEX				88 204-012 <b>51</b>					/	
Name of Monitoring Firm Hired by	Bldg. Owner (8)	T	ASCM No.		Name of Abatement (	Contractor (9)					
					D & S RESTORA	ATION, INC.					
Street Address				_	Street Address						
					20 California Av	e.					
City, State, Zip Code					City, State, Zip Code						
					Paterson, NJ 075	503					
Project Manager for Monitoring Firm	n F	Phone Numb	er		Telephone Number		License		er		
					973-345-8020 Name of OSHA Monit			169			_
Start Date (10)	Sched. Comple	tion Date (11	)		D & S Restoration						
04/09/15	04/24/15				Street Address	, iii iii ii	-			_	-
Occupancy Status During Abateme	ent (Check only one)				20 California Av	enue					
Facility closed/vacated during				- 1	City, State, Zip Code						
Abatement performed outside Describe:		ours-									
Other-Describe: NORMAL	HOURS			_	Paterson, NJ 075	503					
Scope of Work (check all that app	ly)				F	ull Containment w	/negative	press	ure		
$\times$ >3 sf or >3 lf	Renovation					Mini-enclosure	12				
≥160 sf or ≥260 lf	Demolition					Slovebag procedur Non-Exempted (*)		riable	proce	edure	9
Location of	Is location normall		/					R	R	Е	E
asbestos-containing	by maintenance/cu staff(12)	ustodial	Description	on of a	asbestos-containing	Amount	·	e m	e p	n	n
material (acm) to be abated in facility (13)		I NI/A	material (	(ACM)		(Specify S LF)	or or	0 V	a :	а	C
, , , , ,	Yes No	N/A						e	r	р	_
BASEMENT	X		PIPE INSU	LAT	ION	50 1 ft		$\boxtimes$			
Registered Waste Hauler D & S RESTORATION, INC	NJDEP Haule 13506	0.0100.000	ubic Yards of \ yd.	Waste	Name of Registered TULLYTOWN,		COVER	Y			
City, State		Disposal D			City, State						
PATERSON, NJ 07503		04/10/1	5		TULLYTOWN,	PA					
Completed by (Print or Type)	Title		Signature				Date				
BOGDAN JOLDZIC	PRESIDENT		8 8		d a state of the s		03/10/2	2015			
ASB-41	* Do not use this for	in for aspesto	os licensure ex	empte	u activities.						

D&S Proj. #: 2015-79

							917					
Date of Notification (1)		Name of	Building Ov	wner/Operator (	(2)				-			
Agencies Notified   Type Notification	ation		ine stock				Despris	16	1-			
EPA Initial	211011	Street Ac	ldress				4 122		416			
DEP Amended		_	k avenue				e trys	. /22_ 3	50			
DOL Amendment			e, Zip Code					*24	* +			
DOH Emergency		MAP.		, NJ 07040			Televille	51				
DCA justification							I elepho	ne Numb	er			
Cancellation	on	maria	nne stock				700-2.	J + 7461				
			FA	CILITY INFOR	MATIO	N						
Name of facility where abatement	is taking	place (3)					Type of Facility		W. C.			
marianne stock							=	ol (K - 12	05.00		14.40	
Street Address								hapter 8 ( (Private/0				
63 park avenue							- Bldgs	./Homes,	etc.			
City (5)	Co	ounty (6)			I Co	unty Code (7)	Square Feet	# of Floo	ors	8	Bldg. A	\ge
						ate use only)	Current Use (F	Prior if bei	na der	nolist	(har	_
MAPLEWOOD		SSEX			_	182		nor ii boii	ng den	1101131	ieu)	
Name of Monitoring Firm Hired by	Bldg. Ow	mer (8)		ASCM No.		Name of Abatemer	nt Contractor (9)					
Street Address						D & S RESTO	RATION, INC.					
Officer Address						Street Address						
City, State, Zip Code					_	20 California A					_	
						Paterson, NJ (						
Project Manager for Monitoring Fire	n	T	Phone Num	ber		Telephone Number		License	Numl	ber		
						973-345-8020			01169			
Start Date (10)	Sche	ed. Comple	etion Date (	11)		Name of OSHA Mo	(20)27(1)					
03/24/15		17/15				D & S Restora Street Address	tion, Inc.					
Occupancy Status During Abateme						20 California A	venue					
Facility closed/vacated during Abatement performed outside	entire pe	riod of aba	itement.			City, State, Zip Cod	e					
Describe:		i racility ric	Juis-									
Other-Describe: NORMAL I					-	Paterson, NJ 0						
$\boxtimes$ >3 sf or >3 lf	y) Renovat	ion					Full Containment v Mini-enclosure	v/negative	press	ure		
	Demolitic						Glovebag procedu	re				
Location of			y used sole	ly			Non-Exempted (*)	and Non-	friable	_		
asbestos-containing		tenance/cu		<b>1</b>	ion of a	sbestos-containing	Amount		е	R	E n	E
material (acm) to be abated in facility (13)		1	1	material	(ACM)	obcolos containing	(Specify S	F or	m o	p a	C	n c
New Market (1992) Execution (1992) # (1) # (1) # (2) # (1)	Yes	No	N/A				LF)		v e	i	р	L
BASEMENT		X		PIPE INSU	ЛАТІ	ON	128 l ft		×			
		-	4									
		-	-	1					닏	닏		
Registered Waste Hauler	NJD	EP Haule	ID# C	Cubic Yards of	Waste	Name of Registered	d Landfill				Ш	Ш
D & S RESTORATION, INC.		506		2 yds.	E14	TULLYTOWN,	RESOURCE RE	COVER	Υ			
Dity, State PATERSON, NJ 07503			Disposal [ 03/25/1			City, State						
Completed by (Print or Type)	Title		.   03/23/1	Signature		TULLYTOWN	, PA	I Deta				
BOGDAN JOLDZIC	PRESI	DENT	S					Date 03/12/	/15			
ASB-41 *	Do not us	se this form	for asbest	os licensure ex	empted	activities.		1				

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D&S Proj. #: 15-50

Date of Notification (1)		Name of B	uilding Ow	ner/Operator (2	2)		14 J. S. Y. Y.	1 1 5		;		
Agencies Notified   Type Notif		491 Bloo	omfield, I	LLC c/o The	Bravit	as Group, Inc				,		
EPA Initial	ication [3	Street Addr	ress				11 151 - 1	- 11 -	31	1		
DEP Amende	d	105 Gro	ve Street.	, Suite 5		5.0						
Amendmen	t#: 2	City, State,	Zip Code									
Emerger		Montela	air, NJ 07	042								
DOH (includin justificati		lame of Co	ontact				Telephon	e Number				
☐ DCA ☐ Cancella	· III	Jack Fin	nn				1					
			FAC	CILITY INFORM	MATION	V		300				
Name of facility where abateme	ent is taking pl	ace (3)			1000000	· ·	Type of Facility (	4)				
	0,	(-)						(K - 12)				
Commercial Building							☐ Subcha	apter 8 (Oth	ner t	han k	(-12)	
Street Address							Other (	Private/Cor Homes, etc		ercial		
491 Bloomfield Avenue								# of Floors		В	ldg. A	ge
City (5)	Cou	nty (6)				inty Code (7)						
Mantalain	_				(Sta	ite use only)	Current Use (Pr	rior if being	den	nolish	ed)	
Montclair Name of Monitoring Firm Hired	Ess			LACOMAN		I Nome of Abetem	1 0 - 1 - 1 - (0)					
rvanie or wormoning Film Filled	by Blug. Own	ar (0)		ASCM No.		Name of Abateme						
Street Address					_	D & S RESTO	RATION, INC.		_			
Officer Address						8-8-8-10-0 30-8-2 10-						
City, State, Zip Code					_	_20 California . City, State, Zip Cod			- 4		-	_
Project Manager for Monitoring F	irm	I Pi	hone Numb	per	_	Paterson, NJ ( Telephone Number		License N	umh	oer.	_	
						973-345-802		011		701		
Start Date (10)	ISched	d. Completi	on Date (1	1)	_	Name of OSHA Mo	onitor					
30493564993359408304 <b>*</b> 3433 <b>*</b>	0-200		(.			D & S Restora	tion, Inc.					
3/04/15 Occupancy Status During Abater	12/20					Street Address						
Facility closed/vacated dur		350 35	ement			20 California A						
Abatement performed outs	ide of normal	facility hou	rs-			City, State, Zip Coo	le					
Describe:NORMA	LHOURS				-	Paterson, NJ (	7502					
Scope of Work (check all that ap						_						
	Renovatio	ND.				Control Control	Full Containment w. Mini-enclosure	negative pr	ess	ure		
≥ 160 sf or ≥260 lf	Demolition					Ě	Glovebag procedur	e				
<b>≥</b> 2100 \$1 01 ≥200 11							Non-Exempted (*)	and Non-fria	able	_	edure	t
Location of asbestos-containing		n normally enance/cus		50		14 27 YORK O	Amount		9	R	E n	E
material (acm) to be	staff(12)			material (		sbestos-containing	Amount (Specify Si	- or	m	р	c	n
abated in facility (13)	Yes	No	N/A		in the second		ĹF)		0 V	a i	a	Ľ
Basement	_			Pipe Insula	tion		500 LF		9	r		
Basement				Duct Insula			420 SF		X	井	片	ዙ
First Floor			1	2x4,2x5 Dr		iling Tiles	2,000 SF		X	屵	屵	ዙ
Exterior		$\Rightarrow$	1	Window Ca	Transit		800 LF		X X	井	片	무
Sub - basement				PIPE INSU			110 l ft		<u>a</u>	井	屵	片
Registered Waste Hauler	NJDE	EP Hauler I	ID# C	Cubic Yards of V		Name of Registere				Ш	Ш	Ш
D & S RESTORATION, INC	C. 135		200	40 YD			, RESOURCE RE	COVERY				
City, State			Disposal D			City, State						
PATERSON, NJ 07503			VARIC	US DATES		TULLYTOWN	I, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature				Date		-		
ASR-41			for asbesto	os licensure ex	empted	activities.		03/10/15				

D&S Proj. #: 15-50

Date of Notification (1)	LINom	o of Building O	10								
0 2 /2 7 /1 5	49	e of Building Ow l Bloomfield, l			tas Group, Inc		5	Ţ,			
Agencies Notified Type Notifica		et Address			1,			_			
DEP Amended		5 Grove Street	, Suite 5					8 8			
DOL Amendment		State, Zip Code									
DOH Emergency		ontclair, NJ 07	042								
DCA justification	1)					Telepho	ne Numbe	er			
Cancellatio	on Ja	ck Finn									
Name of facility where abatement	in talling of		CILITY INFORM	ATIO	N						×
reame of lacinty where abatement	is taking place	(3)				Type of Facility School	(4) ol (K - 12)				
Commercial Building						=	napter 8 (0		than I	<-12)	
Street Address							(Private/C		ercial	10 TOO \$10	
491 Bloomfield Avenue						Square Feet	/Homes, e		ГВ	lldg. A	ae
City (5)	County (	3)			inty Code (7)					3	3-
Montclair	Essex			(Sta	ite use only)	Current Use (P	rior if bein	ig den	nolish	ed)	
Name of Monitoring Firm Hired by			ASCM No.	<del></del>	Name of Abatemen	t Contractor (9)					
520	, ,		ACOM NO.		D & S RESTOR						
Street Address				-	Street Address	CATION, INC.					
					20 California A	ve.					
City, State, Zip Code					City, State, Zip Code						
Project Manager for Monitoring Firm		1=:			Paterson, NJ 0	7503					
Troject Manager for Monitoring Firm	1	Phone Numb	er		Telephone Number 973-345-8020		License				
Start Date (10)	I Cahad Car	mpletion Date (1			Name of OSHA Mor			1169			
		inpletion Date (1	1)		D & S Restorat						
3/06/15 Occupancy Status During Abatemer	3/26/15			_	Street Address						
Facility closed/vacated during					20 California A						
Abatement performed outside Describe:	of normal facilit	y hours-			City, State, Zip Code						
Other-Describe: NORMAL H	IOURS			-	Paterson, NJ 07	7503					
Scope of Work (check all that apply	y)					Full Containment w	/negative	nress	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation					Mini-enclosure		prood	uic		
≥160 sf or ≥260 lf	Demolition				H	Glovebag procedur Non-Exempted (*)		iriabla	Droo	odura	
Location of		mally used solely				Troit Exempted ( )	and Non-	R	R	E	T
asbestos-containing material (acm) to be	by maintenand staff(12)	e/custodiai			sbestos-containing	Amount (Specify S	F	e m	e	n c	n E
abated in facility (13)	Yes 1	No N/A	material (A	CIVI)		LF)	r or	0 V	a	a	C L
Sub - Basement			Pipe Insulation			11015		e	r	Р	_
odo Basement			ripe msuran	OII		110 LF			무	부	부
				_				님	屵		ዙ
								片	片	屵	#
								H	H	금	一
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506		ubic Yards of Wa	aste	Name of Registered TULLYTOWN,	Landfill RESOURCE RE	COVER	<u></u>   Y	_		
City, State		Disposal D			City, State						
PATERSON, NJ 07503  Completed by (Print or Type)	T'al-	VARIO	US DATES	_	TULLYTOWN,	PA					
BOGDAN JOLDZIC	Title PRESIDENT		Signature				Date	115			
		form for asbesto	s licensure even	nnted	activities		2/27/20	113			

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 15-50

Date of \$1, UC (1)		Man 15									
Date of Notification (1)	.			ner/Operator (2				: D:	1:		
Agencies Notified   Type Notifica	ation			LLC c/o The	Bravi	tas Group, Inc					
☑ EPA ☐ Initial		Street Add									
☐ DEP Amended			ove Street	, Suite 5							
DOL Amendment		City, State,	, Zip Code								
DOH Emergency (including	1.1	The same of the sa	air, NJ 07	042							
justification	) [[	Name of Co	ontact		V 48000		Telepho	ne Number			
DCA Cancellatio	n	Jack Fi	nn								
			FAC	CILITY INFORM	IOITAN	N					
Name of facility where abatement	is taking p	place (3)					Type of Facility				
Commercial Building							1 =	ol (K - 12)			
Street Address			the second				Transfer interest contract	apter 8 (Othe			)
							Other Bldgs.	(Private/Com /Homes, etc.	merci	aı	
491 Bloomfield Avenue							Square Feet	# of Floors	$\top$	Bldg.	Age
City (5)	Cot	unty (6)				unty Code (7)					
Montclair	F				(Sta	ate use only)	Current Use (F	rior if being d	emoli	shed)	
Name of Monitoring Firm Hired by	1000000	sex		A COM No	L.,	Name of Abatement	Contractor (0)		_		
Take of mornioring Finn Fined by	Diag. Owi	161 (0)		ASCM No.			95.154				
Street Address						D & S RESTOR	ATION, INC.				
- 1.00t / Ida1000						20 California A					
City, State, Zip Code		+			_	City, State, Zip Code	ve.				
						Paterson, NJ 07	502				
Project Manager for Monitoring Firm	1	I P	hone Numb	ner	-	Telephone Number	303	License Nu	nher		
,						973-345-8020		0116			
Start Date (10)	ISche	d. Completi	on Date /1	1\	_	Name of OSHA Moni	itor				
\$ (3)			on Date (1	')		D & S Restorati	on, Inc.				
3/04/15		26/15				Street Address				19	
Decupancy Status During Abatement Facility closed/vacated during						20 California Av	enue				
Abatement performed outside	of normal	facility hou	ernent. Irs-			City, State, Zip Code					
Describe: NORMAL F					-1	Determen NV 07	502				
Scope of Work (check all that apply					_	Paterson, NJ 07					
							Full Containment v Mini-enclosure	/negative pre	ssure	9	
	Renovati				88	parties of the latest of the l	Mini-enciosure Glovebag procedu	re			
≥160 sf or ≥260 lf	Demolitio	Hannan and a second					Non-Exempted (*)	and Non-friat	le pr	ocedu	re
Location of asbestos-containing		on normally tenance/cus		1				R	F	-	I
material (acm) to be	staff(12)		_	Description material (		sbestos-containing	Amount (Specify S	F or	p	C	n
abated in facility (13)	Yes	No	N/A	atoriar			LF)	v or	a i	a	L
Basement			7	Pipe Insula	tion		500 LF	e	1	1 -	-
3asement				Duct Insula	_		420 SF			낚늗	
First Floor				2x4,2x5 Dr		iling Tiles	2,000 SF	<u> </u>	_	귀늗	
Exterior			-	Window Ca	The second second	The second secon	800 LF		_	1	
			1	11 IIIIII W Ca	· GIVIII	Ь	OVU LF		+	++=	
egistered Waste Hauler	INJD	EP Hauler I	ID# C	ubic Yards of V	Vaste	Name of Registered	Landfill				
D & S RESTORATION, INC.		506	4	40 YD		TULLYTOWN,		COVERY			
ity, State			Disposal D			City, State					
PATERSON, NJ 07503			VARIO	US DATES		TULLYTOWN,	PA <sub>5</sub>	_			
completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature				Date			
	_		for asbesto	os licensure ex	empted	d activities.		2/20/2015	_		

D&S Proj. #: 15-50

Date of Notification (1)	LINess	-f D. 11.11 - 0									
0 2 /1 2 /1 5	- 11		wner/Operator (2					3		1	
Agencies Notified Type Notifi  EPA Initial	ication Street	Address	LLC c/o The I	Brav	itas Group, Inc		-	-			
EPA Initial  DEP Amended	1 105	Grove Stree	t Quito 5								
Amendment	1	tate, Zip Code								_	
DOL Emergend		ntclair, NJ 0									
DOH (including justification	Nome	of Contact	7042	-		I Teleph	one Numb	or		_	
DCA Cancellati	· II	k Finn				1	ono manib	0.			
	1 540		CILITY INFORM	IATIO	MI	1 2/2 0	005-5200	_	_		
Name of facility where abatemen	nt is taking place (2)		OILITT IN ONN	ATIO							
	it is taking place (3)	1				Type of Facility	y (4) ool (K - 12	)			
Commercial Building						=	chapter 8 (		than	K-12)	,
Street Address						Othe	r (Private/	Comm			77
491 Bloomfield Avenue			22			Square Feet	s./Homes,			Nala.	A ===
City (5)	County (6)			Co	unty Code (7)	Square reet	# of Floo	ors	١	Bldg.	Age
Martin .					ate use only)	Current Use (	Prior if bei	na der	nolish	ned)	
Montclair Name of Monitoring Firm Hired by	Essex							-	1 (1977, 20, 2007)		
or mornioring rinn rined by	bidg. Owner (8)		ASCM No.		Name of Abatemen	t Contractor (9)					
Street Address					D & S RESTOR	ATION, INC.					
					Street Address						
City, State, Zip Code			*	_	20 California A City, State, Zip Code					-	
Project Manager for Monitoring Firm	m	Phone Numb	per	-	Paterson, NJ 07 Telephone Number	7503	License	Num	oor		
	5541				973-345-8020		1 C.	1169			
Start Date (10)	Sched. Comp	letion Date (1	1)	-	Name of OSHA Mon	iltor					
2/26/15	4/26/15				D & S Restorat	ion, Inc.					
Occupancy Status During Abateme	nt (Check only one	)		-	Street Address		VALUE				
Facility closed/vacated during	entire period of ab	atement			20 California Av City, State, Zip Code						
Abatement performed outside Describe:	of normal facility h	ours-			Oity, Otate, Zip Code						
Other-Describe: NORMAL H	HOURS			- 11	Paterson, NJ 07	503					
Scope of Work (check all that apply	у)				X	Full Containment v	w/negative	press	ure		
☐ > <u>3</u> sf or > <u>3</u> If	Renovation					Mini-enclosure	oga.i.vo	p. 000	uio		
≥160 sf or ≥260 lf	Demolition					Glovebag procedu Non-Exempted (*)					
Location of	Is location norma	lly used solely	1			Non-Exempled ( )	and Non-	R	Proc	E	1
asbestos-containing material (acm) to be	by maintenance/c staff(12)	custodial	Description	of as	sbestos-containing	Amount		e m	e p	n	E n
abated in facility (13)	Yes No	N/A	material (A	CM)		(Specify S	SF or	0	a	c a	C
Basement								e e	r	р	-
Basement	L X		Pipe Insulation	and the same of		500 LF		X			
First Floor			Duct Insulation		1' ''''	420 SF		X			口
2 231 7 1001			2x4,2x5 Drop	Cei	ling Tiles	2,000 SF		X			口
production of the second secon				e a manual a				Ш	Ш	Ц	븯
Registered Waste Hauler	NJDEP Haule	er ID# I Cu	ubic Yards of Wa	ste	Name of Registered	Landfill				Ц	
D & S RESTORATION, INC.	13506	4	0 YD		TULLYTOWN,	RESOURCE RE	COVER	Y			
Dity, State PATERSON, NJ 07503		Disposal Da			City, State						
	Tid	VARIO	US DATES	_	TULLYTOWN,	PA					
7000 1111	Title PRESIDENT		Signature			3-2	Date	1.5			
	Do not use this form	n for asbesto	s licensure exem	noted	activities		2/12/20	13			

NO CK

Date of Notification (1)				Nome	of Duilding	0	-10 - 1	(0)					355		
3/10/15				Dentr	ree Asso	Owner/Operator (2) ciates									
Agencies Notified  EPA	Type Notification				Address Central Pa	ark \	Vest		E.		E	5	- 37		
DEP × DOL	Initial Amended Amendmen	t #			tate, Zip Co York, NY		25		1.	49		- 55	50		
DOH DCA	Emergency justification) Cancellation	·	9	No. 10							ne Nu	mber			
					ILITY INFO		1								
Name of Facility Where A	Abatement is Takir	g Place (	3)			JIXIVIA	ATION	Туре	of Facility (	4)			-		
Federal Pacific Elec	tric Company	(Royce	Asso	ciates.	Site)			_	School (K-1	10.5 100				(4	
Street Address 207-215 Avenue L									Subchapter Other (i.e. p	8 (Other that rivate & con	an K-1 nmerc	2) ial bu	ilding	s, hor	nes,
City (5)					V-1	-			etc.) re Feet	# of Floo	ire	_	Bldg.	Λαο	
Newark, NJ 07105 County (6)								57,00	00	1.5				ears	
Essex County					Code (7) USE ONLY)	·		Curre	nt Use (Prio ot Wareho	or if being de ouse (Va	molisi cant	ned) War	ehou	ıse)	
Name of Monitoring Firm ARCADIS US	Hired by Building	Owner (8)	)	ASC	M No.			of Abat	ement Con						
Street Address								Addres		intal, IIIC.		-			
6723 Tow Path Roa	d Box 66						07/11/7/7/19		ck Drive	Suite B					
City, State, Zip Code Syracuse, NY 13214									Code 1D 21075						
Project Manager for Moni Richard Price	toring Firm			Telepho 315-24	ne No. 47-3244			one No 796-72		Lice 011	nse N 94	0.			
Start Date (10) 3/25/15 <sub>+</sub>		Schedule 5/22/1		mpletion I	Date (11)				A Monitor lytical, Inc						
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street A					_			3-1150-1
Facility Closed/Vacat	ed During Entire F	eriod of A	Abater	ment					130 North	n					
Abatement Performe Other – Describe:	d Outside of Norm	al Facility	Hour	S			City, St								-
Scope of Work (Check All	That Apply)						Cinna	mins	on, NJ 08	8077					
The state of the s	тнаг другу)						তো								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renovation Demolition					×××	Mini- Glov	Enclosure ebag Proce	nt with Nega edure					
		T		×				Non-	Exempted	(*) and Non-	Friabl	e Pro	cedur	е	
	Locat	llv				-ti				Abatement Type					
Location of Asbestos-Containing N		(ACM) Normali Used Sole Maintenar Custodial S			Ashesto	D S Cor	escription of	aterial (ACM) insulation,		Amount (Specify					
TO BE ABAT	ED )				(i.e. th	nerma	al systems					Re		Enc	四
In Facility (13)			(12)			surfacing, VAT other miscellane			or S		)	Remova	Repair	apsı	Enclosure
		Yes	No	N/A				neous)				val	Ŧ	Encapsulate	ure
Office			Х		Surfac	cing	Material	on W	alls	3071 SF	=	x			
Boiler Roo				N/A	Thern	nal S	System Ir	nsulat	ion	750 SF		х			
				N/A		Mis	cellaneo	us		20,000 S	F	х			
Roofing & Siding  Miscellaneous Areas see attached				N/A		See	e Attache	ed				Х			
Name of Registered Waste			1 1 1 3 4 3	JDEP Wa			Yards	- 11	Name of Re	egistered La					
T/2	oup, Inc.			auler ID N W2117		of Wa 560	iste	Minerva Enterprises							
	)						sal Date eeded	City, State Waynesburg, OH							
		Title Projec	t Ma	nager			Signature		5/	- Y.1	Date				
Services Transport Group, Inc.  City, State  New Castle, DE 19720  Completed by  Title							3/10/15					-, 10			

	560 yards							
	80 yards trailer	Est						
		Total trailers						
	2.5 Trailers					ď	-	The second secon
	2 Trailers					20 00	9910	Roofing
(3)	1 Iraller					each	224	Windows
						ps	10090	Galbestos
	.5 Trailer				*			Outside ACM
- 5						each	ω	Light gaskets
						each	50	Transite Panels
						≖	34	Door Caulking
						Ŧ	100	Aircell Pipe Men's Locker
						ps	315	Tile and Mastic SW Area 315
						ps	10	Mastic North Electrical
						each	4	Fire Doors
						each	25	Pipe Flanges
Tree-						each	100	Lab Counter Tops
	0.75 Frailer				Misc			Misc.
The State of	0 76 Trailer					-		
						sq	3155	Mastic
The same						ps	3155	Floor Tile
***************************************						sq	350	Textured Ceiling
						sq	2721	ACM on Drywall
-	VET HOHE				2nd Floor Office			2nd Floor Office
	25 Trailor	7	17	260	Total			
						sq	100	Pipe Insulation
						sq	150	Tank Insulation
	Load / 45 foot Trailer	rds	rards	Sapo	EGIET NOOTH	ps	500	Boiler Insulation
ı				0	Boiler Poom			Boiler Room

NO CK

Date of Notification (1) March 9, 2015	Name	Name of Building Owner/Operator (2) Colgate Palmolive Company										
Agencies Notified  Type Notificati  EPA DEP Initial Amended			Stree 909	t Address River Road State, Zip Code	Сопра	2015 HAR 1	6 AM 5: 64	-				
DOL Amendma  Emergen  justification  DCA Cancellat	ent #l cy (includ en)	ing	Pisc	ataway, NJ 08 of Contact Ron Meyer	3854	A SHEST	IUS CUNTROL ICEI Telephone Number					
				CILITY INFORMA	TION		_1					
Name of Facility Where Abatement is Ta Colgate Palmolive	king Place	€ (3)		OILIT III OKWA	TION	Type of Facility	(4)					
Street Address 909 River Road						School (K-Subchapte Other (i.e.	12) r 8 (Other than K- private & comme	-12) rcial bi	إمالكاليد	ıs, ho	mes	
City (5) Piscataway						Square Feet 500,000	# of Floors	-	Bldg 50+	Age		
County (6) Middlesex			County (STATE	Code (7)			or if being demol	ished)	50+	-		
Name of Monitoring Firm Hired by Building Accredited Environmental Technology	g Owner ( ology	8)		M No	Name	of Abatement Cor ervices, LLC	ntractor (9)					
Street Address 28 N. Pennell Road					Street	Address Vest Lincoln H	liahway. Suite	500		<u> </u>		
City, State, Zip Code Media, PA					City, S	tate, Zip Code	3 7,					
Project Manager for Monitoring Firm Eric Houseknecht				one No. 91-0114	Teleph	one No. 755-7563	License 01161	No				
Start Date (10) 3/20/15	3/22/	15 *	mpletion	Deletion Date (11)  Name of OSHA Monitor  EMSL								
Occupancy Status During Abatement (Che					Street	t Address North Route 130						
Abatement Performed Outside of Nor Other – Describe:	mal Facili	ty Hou	rs		City, St	ate, Zip Code						
Scope of Work (Check All That Apply)					Cinna	minson, NJ						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition					Mini-Enclosure Glovebag Proc	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					
Location of :	ion Ily			Abatement Type								
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Use Ma	ed Sole intena todial ( (12)	ely by nce/	Asbestos Cont (i.e. thermal surface	scription of taining Ma systems cing, VAT niscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal		Encapsulate	Enclosure	
	Yes	No	N/A					1 2		ate	ā	
Boiler Room	X			Elbow	v Insulat	ion	2 LF	X			1	
Tunnel	X			Elbow	v Insulat	ion	2 LF				1	
D205 / D207		Х		Floor	tile / ma	stic	120 SF X					
				No. of Was	Cubic Yards of Waste  Veolia ES Greentree land				df			
y, State reehold, NJ				_	al Date	City, State	i, QA					
mpleted by ck Bally	Title Sr. Pr	oject	Manag	er Si	anature	1 20 11.	_ D	ate Iarch	13	201	<u> </u>	